



63967201120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Government Personnel Mutual Life Insurance Company

NAIC Group Code	4712	4712	NAIC Company Code	63967	Employer's ID Number	74-0651020
	(Current Period)	(Prior Period)				
Organized under the Laws of	Texas			State of Domicile or Port of Entry Texas		
Country of Domicile	United States					
Incorporated/Organized	May 15, 1934			Commenced Business October 9, 1934		
Statutory Home Office	2211 N.E. Loop 410			San Antonio, TX 78217		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	2211 N.E. Loop 410					
	(Street and Number)					
	San Antonio, TX 78217			210-357-2222		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	GPM Life Bldg - P.O. Box 659567			San Antonio, TX 78265-9567		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	2211 N.E. Loop 410			San Antonio, TX 78217		
	(Street and Number)			(City or Town, State and Zip Code)		
Internet Web Site Address	www.gpmlife.com					
Statutory Statement Contact	Lourdes Mendoza			210-357-2222 X2809		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	alm@gpmlife.com			210-357-6722		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title
1. Peter John Hennessey III	Chairman of the Board, President and CEO
2. Charles Alan Ferguson	Sr. VP, General Counsel and Secretary
3. Maria de Lourdes Mendoza	Vice President and Treasurer

VICE-PRESIDENTS

Name	Title	Name	Title
Pamela A Hutchins	Sr. Vice President and Chief Actuary	William Martin Hoffman	Sr. Vice President-Info. Systems
Peter John Hennessey IV	Sr. Vice President-Marketing	Charles Alan Ferguson	Sr. Vice President, General Counsel, and Secretary

DIRECTORS OR TRUSTEES

Peter John Hennessey III - Chairman	Eugene Emil Habiger	Maria de Lourdes Mendoza	Susan Lewellyn Pamerleau
Pamela A Hutchins	Charles Alan Ferguson	Neal Thomas Jaco	James Rudolph Reed
Roy Clark Boddy	Peter John Hennessey IV		

State of Texas
County of Bexar ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Peter John Hennessey III	(Signature) Charles Alan Ferguson	(Signature) Maria de Lourdes Mendoza
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chairman of the Board, President and CEO	Sr. VP, General Counsel and Secretary	Vice President and Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to (or affirmed) before me on this
day of February, 2012, by

a. Is this an original filing? [X] Yes [] No
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

DIRECT BUSINESS IN THE STATE OF: ALABAMA
DURING THE YEAR 2011



63967201143001100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,339,543		510,285		1,849,828
2. Annuity considerations	1,925				1,925
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,341,468		510,285		1,851,753
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	24,017				24,017
6.2 Applied to pay renewal premiums	798				798
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	71,840				71,840
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	96,655				96,655
Annuities:					
7.1 Paid in cash or left on deposit	2,275				2,275
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	2,275				2,275
8. Grand Totals (Lines 6.5 plus Line 7.4)	98,930				98,930
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,030,644		237,374		1,268,018
10. Matured endowments	1,000				1,000
11. Annuity benefits	1,044				1,044
12. Surrender values and withdrawals for life contracts	208,556				208,556
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	1,748				1,748
15. Totals	1,242,992		237,374		1,480,366

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	12	115,568			7	288,251			19	403,819
17. Incurred during current year	107	1,040,451			28	244,062			135	1,284,513
Settled during current year:										
18.1 By payment in full	102	1,031,644			28	237,374			130	1,269,018
18.2 By payment on compromised claims										
18.3 Total paid	102	1,031,644			28	237,374			130	1,269,018
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	102	1,031,644			28	237,374			130	1,269,018
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	124,375			7	294,939			24	419,314
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,474	51,680,707	(a)			236,004,890			2,474	287,685,597
21. Issued during year	536	9,198,790							536	9,198,790
22. Other changes to in force (Net)	(377)	(5,697,998)				(1,268,959)			(377)	(6,966,957)
23. In force December 31, current year	2,633	55,181,499	(a)			234,735,931			2,633	289,917,430

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	42,438	42,369		34,225	34,308
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	76,023	67,798		32,210	37,032
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	76,023	67,798		32,210	37,032
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	118,461	110,167		66,435	71,340

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201143002100

DIRECT BUSINESS IN THE STATE OF: ALASKA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total						
1. Life insurance	48,028		135,507		183,535						
2. Annuity considerations											
3. Deposit-type contract funds		X X X		X X X							
4. Other considerations											
5. Totals (Lines 1 to 4)	48,028		135,507		183,535						
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1 Paid in cash or left on deposit	2,088				2,088						
6.2 Applied to pay renewal premiums	286				286						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	13,515				13,515						
6.4 Other											
6.5 Totals (Sum of Lines 6.1 to 6.4)	15,889				15,889						
Annuities:											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (Sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus Line 7.4)	15,889				15,889						
DIRECT CLAIMS AND BENEFITS PAID											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts	26,286				26,286						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident & health											
15. Totals	26,286				26,286						
DETAILS OF WRITE-INS											
1301.	NONE										
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1	2	3	4	5	6	7	8	9	10	
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
	16. Unpaid December 31, prior year	1				3				4	
	17. Incurred during current year	1				3				4	
Settled during current year:											
18.1 By payment in full	1				3				4		
18.2 By payment on compromised claims											
18.3 Total paid	1				3				4		
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	1				3				4		
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	87	4,756,769	(a)			103,493,145			87	108,249,914	
21. Issued during year											
22. Other changes to in force (Net)	(3)	(30,429)				(10,051,280)			(3)	(10,081,709)	
23. In force December 31, current year	84	4,726,340	(a)			93,441,865			84	98,168,205	

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,301	4,142		2,607	2,613
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,301	4,142		2,607	2,613

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: ARIZONA
DURING THE YEAR 2011



63967201143003100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	698,244		444,123		1,142,367
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	698,244		444,123		1,142,367
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	22,410				22,410
6.2 Applied to pay renewal premiums	5,068				5,068
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	88,044				88,044
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	115,522				115,522
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	115,522				115,522
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	363,562		498,739		862,301
10. Matured endowments					
11. Annuity benefits	12,252				12,252
12. Surrender values and withdrawals for life contracts	508,093				508,093
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	4,258				4,258
15. Totals	888,165		498,739		1,386,904

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	56,232			1	2,563			8	58,795
17. Incurred during current year	24	368,132			12	496,176			36	864,308
Settled during current year:										
18.1 By payment in full	26	363,562			13	498,739			39	862,301
18.2 By payment on compromised claims										
18.3 Total paid	26	363,562			13	498,739			39	862,301
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	26	363,562			13	498,739			39	862,301
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	60,802							5	60,802
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,125	64,381,410	(a)			235,249,494			1,125	299,630,904
21. Issued during year	24	3,030,434							24	3,030,434
22. Other changes to in force (Net)	(69)	(3,707,912)				(18,533,038)			(69)	(22,240,950)
23. In force December 31, current year	1,080	63,703,932	(a)			216,716,456			1,080	280,420,388

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,929	24,511		13,526	13,559
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	360,206	330,465		188,785	214,735
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	360,206	330,465		188,785	214,735
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	385,135	354,976		202,311	228,294

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143004100

DIRECT BUSINESS IN THE STATE OF: ARKANSAS
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	886,583		167,369		1,053,952
2. Annuity considerations	202,379				202,379
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,088,962		167,369		1,256,331
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	17,449				17,449
6.2 Applied to pay renewal premiums	2,895				2,895
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	63,790				63,790
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	84,134				84,134
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	84,134				84,134
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	474,691		27,828		502,519
10. Matured endowments					
11. Annuity benefits	49,547				49,547
12. Surrender values and withdrawals for life contracts	193,208				193,208
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,756				3,756
15. Totals	721,202		27,828		749,030

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	20,000			1	1,275			4	21,275
17. Incurred during current year	52	506,864			3	26,553			55	533,417
Settled during current year:										
18.1 By payment in full	48	474,691			4	27,828			52	502,519
18.2 By payment on compromised claims										
18.3 Total paid	48	474,691			4	27,828			52	502,519
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	48	474,691			4	27,828			52	502,519
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	52,173							7	52,173
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,545	99,904,986	(a)			88,663,838			1,545	188,568,824
21. Issued during year	40	5,527,828							40	5,527,828
22. Other changes to in force (Net)	(84)	(2,014,527)				(1,299,911)			(84)	(3,314,438)
23. In force December 31, current year	1,501	103,418,287	(a)			87,363,927			1,501	190,782,214

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	18,100	17,995		12,327	12,357
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	44,064	39,113		19,803	23,472
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	44,064	39,113		19,803	23,472
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,164	57,108		32,130	35,829

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: CALIFORNIA
DURING THE YEAR 2011



63967201143005100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,613,915		1,185,665		5,799,580
2. Annuity considerations	64,782				64,782
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	4,678,697		1,185,665		5,864,362
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	193,812				193,812
6.2 Applied to pay renewal premiums	56,202				56,202
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	887,912				887,912
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,137,926				1,137,926
Annuities:					
7.1 Paid in cash or left on deposit	205				205
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	205				205
8. Grand Totals (Lines 6.5 plus Line 7.4)	1,138,131				1,138,131
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,156,389		435,704		3,592,093
10. Matured endowments	72,445				72,445
11. Annuity benefits	318,154				318,154
12. Surrender values and withdrawals for life contracts	2,961,802				2,961,802
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	64,375				64,375
15. Totals	6,573,165		435,704		7,008,869

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	20	203,001			15	449,928			35	652,929
17. Incurred during current year	147	3,192,639			48	485,153			195	3,677,792
Settled during current year:										
18.1 By payment in full	152	3,228,834			51	435,704			203	3,664,538
18.2 By payment on compromised claims										
18.3 Total paid	152	3,228,834			51	435,704			203	3,664,538
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	152	3,228,834			51	435,704			203	3,664,538
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	166,806			12	499,377			27	666,183
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,292	567,769,083	(a)			680,766,772			9,292	1,248,535,855
21. Issued during year	252	14,484,428							252	14,484,428
22. Other changes to in force (Net)	(559)	(23,545,494)				(48,141,483)			(559)	(71,686,977)
23. In force December 31, current year	8,985	558,708,017	(a)			632,625,289			8,985	1,191,333,306

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	22,660	22,265		20,276	20,325
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	123				
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	123				
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,783	22,265		20,276	20,325

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: COLORADO
DURING THE YEAR 2011



63967201143006100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	799,012				401,625				1,200,637	
2. Annuity considerations	101,954						X X X		101,954	
3. Deposit-type contract funds			X X X							
4. Other considerations										
5. Totals (Lines 1 to 4)	900,966				401,625				1,302,591	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	43,392								43,392	
6.2 Applied to pay renewal premiums	4,012								4,012	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	129,722								129,722	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	177,126								177,126	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	177,126								177,126	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	360,857				444,972				805,829	
10. Matured endowments										
11. Annuity benefits	68,593								68,593	
12. Surrender values and withdrawals for life contracts	532,644								532,644	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	2,628								2,628	
15. Totals	964,722				444,972				1,409,694	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					4	229,640			4	229,640
17. Incurred during current year	23	368,857			17	221,962			40	590,819
Settled during current year:										
18.1 By payment in full	22	360,857			18	444,972			40	805,829
18.2 By payment on compromised claims										
18.3 Total paid	22	360,857			18	444,972			40	805,829
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	360,857			18	444,972			40	805,829
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	8,000			3	6,630			4	14,630
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	1,542	102,666,628	(a)			238,026,231			1,542	340,692,859
21. Issued during year	50	3,068,419							50	3,068,419
22. Other changes to in force (Net)	(105)	(8,118,908)				(12,930,413)			(105)	(21,049,321)
23. In force December 31, current year	1,487	97,616,139	(a)			225,095,818			1,487	322,711,957

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	15,991		16,009				8,717		8,738	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	15,323		13,966				5,894		7,057	
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	15,323		13,966				5,894		7,057	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,314		29,975				14,611		15,795	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: CONNECTICUT
DURING THE YEAR 2011



63967201143007100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5		
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
1. Life insurance	250,006				66,450				316,456		
2. Annuity considerations	19,440								19,440		
3. Deposit-type contract funds			X X X				X X X				
4. Other considerations											
5. Totals (Lines 1 to 4)	269,446				66,450				335,896		
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1 Paid in cash or left on deposit	12,369								12,369		
6.2 Applied to pay renewal premiums	2,555								2,555		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,197								28,197		
6.4 Other											
6.5 Totals (Sum of Lines 6.1 to 6.4)	43,121								43,121		
Annuities:											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (Sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus Line 7.4)	43,121								43,121		
DIRECT CLAIMS AND BENEFITS PAID											
9. Death benefits	87,902				1,530				89,432		
10. Matured endowments											
11. Annuity benefits	231,838								231,838		
12. Surrender values and withdrawals for life contracts	251,620								251,620		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident & health	3,486								3,486		
15. Totals	574,846				1,530				576,376		
DETAILS OF WRITE-INS											
1301.			NONE								
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1	2	3	4	5	6	7	8	9	10	
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
16. Unpaid December 31, prior year	1	7,494			1	1,530			2	9,024	
17. Incurred during current year	5	118,217			3	450,000			8	568,217	
Settled during current year:											
18.1 By payment in full	4	87,902			1	1,530			5	89,432	
18.2 By payment on compromised claims											
18.3 Total paid	4	87,902			1	1,530			5	89,432	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	4	87,902			1	1,530			5	89,432	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	37,809			3	450,000			5	487,809	
POLICY EXHIBIT											
					No. of Policies						
20. In force December 31, prior year	666	39,643,520	(a)			44,837,209			666	84,480,729	
21. Issued during year	8	1,094,900							8	1,094,900	
22. Other changes to in force (Net)	(33)	(2,107,901)				(3,780,590)			(33)	(5,888,491)	
23. In force December 31, current year	641	38,630,519	(a)			41,056,619			641	79,687,138	

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,508	6,371		7,697	7,715
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	50,031	43,955		40,285	48,237
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	50,031	43,955		40,285	48,237
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	56,539	50,326		47,982	55,952

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143008100

DIRECT BUSINESS IN THE STATE OF: DELAWARE
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	24,902		87,662		112,564					
2. Annuity considerations										
3. Deposit-type contract funds		X X X		X X X						
4. Other considerations										
5. Totals (Lines 1 to 4)	24,902		87,662		112,564					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	4,611				4,611					
6.2 Applied to pay renewal premiums	202				202					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,293				12,293					
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	17,106				17,106					
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	17,106				17,106					
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	8,089		112,052		120,141					
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	16,070				16,070					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	264				264					
15. Totals	24,423		112,052		136,475					
DETAILS OF WRITE-INS										
1301.	NONE									
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	63,495			1	63,495
17. Incurred during current year	3	8,089			4	58,557			7	66,646
Settled during current year:										
18.1 By payment in full	3	8,089			4	112,052			7	120,141
18.2 By payment on compromised claims										
18.3 Total paid	3	8,089			4	112,052			7	120,141
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	8,089			4	112,052			7	120,141
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	10,000			1	10,000
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	137	2,415,407	(a)			45,663,657			137	48,079,064
21. Issued during year	18	224,000							18	224,000
22. Other changes to in force (Net)	(7)	(33,776)				(4,215,716)			(7)	(4,249,492)
23. In force December 31, current year	148	2,605,631	(a)			41,447,941			148	44,053,572

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,542	3,485		4,023	4,033
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,619	10,062		4,229	5,064
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,619	10,062		4,229	5,064
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,161	13,547		8,252	9,097

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.

DIRECT BUSINESS IN THE STATE OF: DISTRICT OF COLUMBIA
DURING THE YEAR 2011



63967201143009100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	213,176				15,015				228,191	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	213,176				15,015				228,191	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	2,928								2,928	
6.2 Applied to pay renewal premiums	88								88	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	24,872								24,872	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	27,888								27,888	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	27,888								27,888	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	76,707				2,550				79,257	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	73,412								73,412	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	150,119				2,550				152,669	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	16,704			1	1,538			2	18,242
17. Incurred during current year	3	60,003				1,012			3	61,015
Settled during current year:										
18.1 By payment in full	4	76,707			1	2,550			5	79,257
18.2 By payment on compromised claims										
18.3 Total paid	4	76,707			1	2,550			5	79,257
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	76,707			1	2,550			5	79,257
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	370	21,686,216	(a)			9,861,980			370	31,548,196
21. Issued during year		10,000								10,000
22. Other changes to in force (Net)	(21)	(1,180,292)				(4,441,787)			(21)	(5,622,079)
23. In force December 31, current year	349	20,515,924	(a)			5,420,193			349	25,936,117

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)				296	296
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				296	296

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: FLORIDA
DURING THE YEAR 2011



63967201143010100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	3,702,933				1,792,970				5,495,903	
2. Annuity considerations	79,050								79,050	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	3,781,983				1,792,970				5,574,953	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	138,165								138,165	
6.2 Applied to pay renewal premiums	27,654								27,654	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	386,642								386,642	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	552,461								552,461	
Annuities:										
7.1 Paid in cash or left on deposit	6								6	
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)	6								6	
8. Grand Totals (Lines 6.5 plus Line 7.4)	552,467								552,467	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	1,684,229				2,062,044				3,746,273	
10. Matured endowments	20,613								20,613	
11. Annuity benefits	707,504								707,504	
12. Surrender values and withdrawals for life contracts	1,172,288								1,172,288	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	6,908								6,908	
15. Totals	3,591,542				2,062,044				5,653,586	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	99,009			28	569,418			38	668,427
17. Incurred during current year	130	1,881,086			72	1,573,041			202	3,454,127
Settled during current year:										
18.1 By payment in full	125	1,704,842			85	2,062,044			210	3,766,886
18.2 By payment on compromised claims										
18.3 Total paid	125	1,704,842			85	2,062,044			210	3,766,886
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	125	1,704,842			85	2,062,044			210	3,766,886
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	275,253			15	80,415			30	355,668
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	5,834	382,935,151	(a)			814,283,716			5,834	1,197,218,867
21. Issued during year	173	19,226,861							173	19,226,861
22. Other changes to in force (Net)	(412)	(26,493,155)				(19,801,468)			(412)	(46,294,623)
23. In force December 31, current year	5,595	375,668,857	(a)			794,482,248			5,595	1,170,151,105

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	189,977	189,007		135,114	135,444
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	116,624	105,009		70,845	84,824
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	116,624	105,009		70,845	84,824
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	306,601	294,016		205,959	220,268

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201143011100

DIRECT BUSINESS IN THE STATE OF: GEORGIA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,741,076		1,056,133		3,797,209
2. Annuity considerations	19,297				19,297
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	2,760,373		1,056,133		3,816,506
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	40,002				40,002
6.2 Applied to pay renewal premiums	4,495				4,495
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	155,001				155,001
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	199,498				199,498
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	199,498				199,498
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,350,882		932,763		2,283,645
10. Matured endowments					
11. Annuity benefits	93,177				93,177
12. Surrender values and withdrawals for life contracts	677,569				677,569
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	8,373				8,373
15. Totals	2,130,001		932,763		3,062,764

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	11	70,000			8	94,038			19	164,038
17. Incurred during current year	101	1,402,418			32	904,750			133	2,307,168
Settled during current year:										
18.1 By payment in full	99	1,350,882			35	932,763			134	2,283,645
18.2 By payment on compromised claims										
18.3 Total paid	99	1,350,882			35	932,763			134	2,283,645
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	99	1,350,882			35	932,763			134	2,283,645
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	121,536			5	66,025			18	187,561
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,657	281,146,192	(a)			558,136,964			4,657	839,283,156
21. Issued during year	753	25,079,683							753	25,079,683
22. Other changes to in force (Net)	(501)	(21,582,324)				(25,966,097)			(501)	(47,548,421)
23. In force December 31, current year	4,909	284,643,551	(a)			532,170,867			4,909	816,814,418

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	63,037	62,780		95,704	95,938
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	353,573	321,731		235,056	268,108
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	353,573	321,731		235,056	268,108
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	416,610	384,511		330,760	364,046

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: HAWAII
DURING THE YEAR 2011



63967201143012100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	664,220		209,300		873,520
2. Annuity considerations	1,746				1,746
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	665,966		209,300		875,266
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	6,583				6,583
6.2 Applied to pay renewal premiums	8,180				8,180
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	64,970				64,970
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	79,733				79,733
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	79,733				79,733
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	223,887		54,224		278,111
10. Matured endowments					
11. Annuity benefits	19,159				19,159
12. Surrender values and withdrawals for life contracts	618,320				618,320
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	861,366		54,224		915,590

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	9	246,887			5	76,864			14	323,751
Settled during current year:										
18.1 By payment in full	8	223,887			3	54,224			11	278,111
18.2 By payment on compromised claims										
18.3 Total paid	8	223,887			3	54,224			11	278,111
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	223,887			3	54,224			11	278,111
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	23,000			2	22,640			3	45,640
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,499	156,829,161	(a)			120,903,959			1,499	277,733,120
21. Issued during year	43	7,669,267							43	7,669,267
22. Other changes to in force (Net)	(115)	(13,996,463)				(8,036,619)			(115)	(22,033,082)
23. In force December 31, current year	1,427	150,501,965	(a)			112,867,340			1,427	263,369,305

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,355	2,273		1,012	1,014
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,355	2,273		1,012	1,014

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201143013100

DIRECT BUSINESS IN THE STATE OF: IDAHO
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	98,681				93,832				192,513	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	98,681				93,832				192,513	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,240								5,240	
6.2 Applied to pay renewal premiums	178								178	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,916								12,916	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	18,334								18,334	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	18,334								18,334	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	47,405				20,686				68,091	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	58,022								58,022	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	1,291								1,291	
15. Totals	106,718				20,686				127,404	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	3,000			1	2,500			2	5,500
17. Incurred during current year	5	44,405			9	19,461			14	63,866
Settled during current year:										
18.1 By payment in full	6	47,405			9	20,686			15	68,091
18.2 By payment on compromised claims										
18.3 Total paid	6	47,405			9	20,686			15	68,091
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	47,405			9	20,686			15	68,091
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	1,275			1	1,275
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	168	2,431,955	(a)			56,349,773			168	58,781,728
21. Issued during year	1	5,000							1	5,000
22. Other changes to in force (Net)	(10)	(131,582)				(3,380,762)			(10)	(3,512,344)
23. In force December 31, current year	159	2,305,373	(a)			52,969,011			159	55,274,384

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	12,085		11,986				6,909		6,926	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	16,671		15,003				9,348		11,193	
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	16,671		15,003				9,348		11,193	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,756		26,989				16,257		18,119	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: ILLINOIS
DURING THE YEAR 2011



63967201143014100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	980,513				345,115				1,325,628	
2. Annuity considerations	881								881	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	981,394				345,115				1,326,509	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	25,559								25,559	
6.2 Applied to pay renewal premiums	2,180								2,180	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	62,021								62,021	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	89,760								89,760	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	89,760								89,760	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	383,465				144,140				527,605	
10. Matured endowments										
11. Annuity benefits	9,312								9,312	
12. Surrender values and withdrawals for life contracts	166,260								166,260	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	154								154	
15. Totals	559,191				144,140				703,331	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	66,136			1	3,500			7	69,636
17. Incurred during current year	44	375,249			8	163,029			52	538,278
Settled during current year:										
18.1 By payment in full	41	383,465			8	144,140			49	527,605
18.2 By payment on compromised claims										
18.3 Total paid	41	383,465			8	144,140			49	527,605
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	41	383,465			8	144,140			49	527,605
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	57,920			1	22,389			10	80,309
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	1,941	50,813,913	(a)			264,127,369			1,941	314,941,282
21. Issued during year	560	9,769,581							560	9,769,581
22. Other changes to in force (Net)	(332)	(8,669,279)				(13,733,001)			(332)	(22,402,280)
23. In force December 31, current year	2,169	51,914,215	(a)			250,394,368			2,169	302,308,583

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	14,661		14,392				17,561		17,604	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	1,766,755		1,746,078				1,215,787		1,412,600	
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	1,766,755		1,746,078				1,215,787		1,412,600	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,781,416		1,760,470				1,233,348		1,430,204	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.

DIRECT BUSINESS IN THE STATE OF: INDIANA
DURING THE YEAR 2011



63967201143015100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	500,637				191,151				691,788	
2. Annuity considerations	299								299	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	500,936				191,151				692,087	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	16,491								16,491	
6.2 Applied to pay renewal premiums	1,048								1,048	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27,971								27,971	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	45,510								45,510	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	45,510								45,510	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	227,058				157,180				384,238	
10. Matured endowments										
11. Annuity benefits	50,197								50,197	
12. Surrender values and withdrawals for life contracts	47,354								47,354	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	1,816								1,816	
15. Totals	326,425				157,180				483,605	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	16,648			2	24,534			4	41,182
17. Incurred during current year	20	276,340			8	132,646			28	408,986
Settled during current year:										
18.1 By payment in full	16	227,058			10	157,180			26	384,238
18.2 By payment on compromised claims										
18.3 Total paid	16	227,058			10	157,180			26	384,238
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	227,058			10	157,180			26	384,238
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	65,930							6	65,930
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	793	43,834,129	(a)			116,621,676			793	160,455,805
21. Issued during year	66	2,013,900							66	2,013,900
22. Other changes to in force (Net)	(68)	(2,799,322)				(10,596,458)			(68)	(13,395,780)
23. In force December 31, current year	791	43,048,707	(a)			106,025,218			791	149,073,925

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,080	13,121		6,807	6,824
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,251	13,757		4,588	5,494
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	19,251	13,757		4,588	5,494
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,331	26,878		11,395	12,318

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: IOWA
DURING THE YEAR 2011



63967201143016100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	73,930				91,471				165,401	
2. Annuity considerations	224								224	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	74,154				91,471				165,625	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,525								5,525	
6.2 Applied to pay renewal premiums	1,224								1,224	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,931								14,931	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	21,680								21,680	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	21,680								21,680	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	55,218				167,049				222,267	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	44,352								44,352	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	367								367	
15. Totals	99,937				167,049				266,986	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	58,102				167,049			5	225,151
Settled during current year:										
18.1 By payment in full	4	55,218				167,049			4	222,267
18.2 By payment on compromised claims										
18.3 Total paid	4	55,218				167,049			4	222,267
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	55,218				167,049			4	222,267
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,884							1	2,884
POLICY EXHIBIT										
					No. of Policies					
	20. In force December 31, prior year	140	2,964,304	(a)		56,037,753			140	59,002,057
	21. Issued during year	12	235,641						12	235,641
	22. Other changes to in force (Net)	(15)	(158,772)			(3,497,326)			(15)	(3,656,098)
23. In force December 31, current year	137	3,041,173	(a)		52,540,427			137	55,581,600	

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,178	8,724		10,506	10,532
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	104,177	98,302		63,653	73,041
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	104,177	98,302		63,653	73,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	113,355	107,026		74,159	83,573

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.

DIRECT BUSINESS IN THE STATE OF: KANSAS
DURING THE YEAR 2011



63967201143017100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	219,333		237,185		456,518
2. Annuity considerations	4,600				4,600
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	223,933		237,185		461,118
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	6,216				6,216
6.2 Applied to pay renewal premiums	2,846				2,846
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27,658				27,658
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	36,720				36,720
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	36,720				36,720
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	79,385		137,946		217,331
10. Matured endowments	10,000				10,000
11. Annuity benefits	5,696				5,696
12. Surrender values and withdrawals for life contracts	47,138				47,138
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	142,219		137,946		280,165

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	6,000			1	6,000
17. Incurred during current year	7	92,385			9	152,476			16	244,861
Settled during current year:										
18.1 By payment in full	6	89,385			8	137,946			14	227,331
18.2 By payment on compromised claims										
18.3 Total paid	6	89,385			8	137,946			14	227,331
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	89,385			8	137,946			14	227,331
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,000			2	20,530			3	23,530
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	431	16,581,133	(a)			208,526,952			431	225,108,085
21. Issued during year	4	453,500							4	453,500
22. Other changes to in force (Net)	(31)	(1,022,284)				18,543,680			(31)	17,521,396
23. In force December 31, current year	404	16,012,349	(a)			227,070,632			404	243,082,981

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	15,948	16,121		14,975	15,012
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,060	30,229		14,063	15,576
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	36,060	30,229		14,063	15,576
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,008	46,350		29,038	30,588

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143018100

DIRECT BUSINESS IN THE STATE OF: KENTUCKY
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	500,537				265,219				765,756	
2. Annuity considerations	2,300								2,300	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	502,837				265,219				768,056	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	10,003								10,003	
6.2 Applied to pay renewal premiums	734								734	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	35,014								35,014	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	45,751								45,751	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	45,751								45,751	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	215,982				270,020				486,002	
10. Matured endowments										
11. Annuity benefits	10,000								10,000	
12. Surrender values and withdrawals for life contracts	68,350								68,350	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	375								375	
15. Totals	294,707				270,020				564,727	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	50,371			1	7,650			6	58,021
17. Incurred during current year	23	214,636			9	263,870			32	478,506
Settled during current year:										
18.1 By payment in full	23	215,982			9	270,020			32	486,002
18.2 By payment on compromised claims										
18.3 Total paid	23	215,982			9	270,020			32	486,002
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	23	215,982			9	270,020			32	486,002
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	49,025			1	1,500			6	50,525
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	905	23,118,505	(a)			169,208,461			905	192,326,966
21. Issued during year	160	1,253,586							160	1,253,586
22. Other changes to in force (Net)	(76)	(1,028,537)				13,663,222			(76)	12,634,685
23. In force December 31, current year	989	23,343,554	(a)			182,871,683			989	206,215,237

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	26,897	26,732		14,215	14,250
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	374,786	334,161		222,327	259,369
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	374,786	334,161		222,327	259,369
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	401,683	360,893		236,542	273,619

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: LOUISIANA
DURING THE YEAR 2011



63967201143019100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,299,693		236,366		1,536,059
2. Annuity considerations	196,632				196,632
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,496,325		236,366		1,732,691
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	17,330				17,330
6.2 Applied to pay renewal premiums	2,937				2,937
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	84,994				84,994
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	105,261				105,261
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	105,261				105,261
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	660,071		120,764		780,835
10. Matured endowments					
11. Annuity benefits	205,391				205,391
12. Surrender values and withdrawals for life contracts	182,039				182,039
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	3,026				3,026
15. Totals	1,050,527		120,764		1,171,291

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	80,065			2	51,538			9	131,603
17. Incurred during current year	61	879,654			9	73,306			70	952,960
Settled during current year:										
18.1 By payment in full	56	660,071			9	120,764			65	780,835
18.2 By payment on compromised claims										
18.3 Total paid	56	660,071			9	120,764			65	780,835
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	660,071			9	120,764			65	780,835
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	299,648			2	4,080			14	303,728
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,307	105,949,989	(a)			157,163,917			2,307	263,113,906
21. Issued during year	66	4,589,937							66	4,589,937
22. Other changes to in force (Net)	(135)	(5,296,029)				(4,954,134)			(135)	(10,250,163)
23. In force December 31, current year	2,238	105,243,897	(a)			152,209,783			2,238	257,453,680

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	15,446	15,495		9,623	9,646
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	221,216	213,946		111,948	130,329
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	221,216	213,946		111,948	130,329
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	236,662	229,441		121,571	139,975

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143020100

DIRECT BUSINESS IN THE STATE OF: MAINE
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	67,736		67,587		135,323
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	67,736		67,587		135,323
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	12,194				12,194
6.2 Applied to pay renewal premiums	1,528				1,528
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	24,018				24,018
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	37,740				37,740
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	37,740				37,740
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	69,636		625		70,261
10. Matured endowments					
11. Annuity benefits	90,410				90,410
12. Surrender values and withdrawals for life contracts	44,150				44,150
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	544				544
15. Totals	204,740		625		205,365

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	9	69,636			1	625			10	70,261
Settled during current year:										
18.1 By payment in full	9	69,636			1	625			10	70,261
18.2 By payment on compromised claims										
18.3 Total paid	9	69,636			1	625			10	70,261
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	69,636			1	625			10	70,261
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	262	4,631,035	(a)			30,082,991			262	34,714,026
21. Issued during year	6	661,557							6	661,557
22. Other changes to in force (Net)	(15)	(108,551)				(540,830)			(15)	(649,381)
23. In force December 31, current year	253	5,184,041	(a)			29,542,161			253	34,726,202

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,663	4,635		7,734	7,753
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	270,282	251,679		158,521	189,813
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	270,282	251,679		158,521	189,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	274,945	256,314		166,255	197,566

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201143021100

DIRECT BUSINESS IN THE STATE OF: MARYLAND
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	730,668		424,585		1,155,253
2. Annuity considerations	2,300				2,300
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	732,968		424,585		1,157,553
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	33,403				33,403
6.2 Applied to pay renewal premiums	5,182				5,182
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	117,763				117,763
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	156,348				156,348
Annuities:					
7.1 Paid in cash or left on deposit	5				5
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	5				5
8. Grand Totals (Lines 6.5 plus Line 7.4)	156,353				156,353
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	455,706		137,210		592,916
10. Matured endowments					
11. Annuity benefits	16,528				16,528
12. Surrender values and withdrawals for life contracts	389,178				389,178
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	9,435				9,435
15. Totals	870,847		137,210		1,008,057

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	172,121			2	11,538			8	183,659
17. Incurred during current year	22	346,011			12	129,760			34	475,771
Settled during current year:										
18.1 By payment in full	24	455,706			12	137,210			36	592,916
18.2 By payment on compromised claims										
18.3 Total paid	24	455,706			12	137,210			36	592,916
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	24	455,706			12	137,210			36	592,916
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	62,426			2	4,088			6	66,514
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,485	88,833,024	(a)			228,761,957			1,485	317,594,981
21. Issued during year	42	1,829,579							42	1,829,579
22. Other changes to in force (Net)	(85)	(7,422,818)				(2,372,988)			(85)	(9,795,806)
23. In force December 31, current year	1,442	83,239,785	(a)			226,388,969			1,442	309,628,754

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	28,060	28,328		36,621	36,710
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	154,868	123,636		76,818	91,982
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	154,868	123,636		76,818	91,982
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	182,928	151,964		113,439	128,692

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: MASSACHUSETTS
DURING THE YEAR 2011



63967201143022100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	403,154				100,615				503,769	
2. Annuity considerations	303,700								303,700	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	706,854				100,615				807,469	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	24,264								24,264	
6.2 Applied to pay renewal premiums	8,690								8,690	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	86,026								86,026	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	118,980								118,980	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	118,980								118,980	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	131,395				6,468				137,863	
10. Matured endowments										
11. Annuity benefits	846,405								846,405	
12. Surrender values and withdrawals for life contracts	172,225								172,225	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	971								971	
15. Totals	1,150,996				6,468				1,157,464	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					2	4,080			2	4,080
17. Incurred during current year	8	131,395			4	2,388			12	133,783
Settled during current year:										
18.1 By payment in full	8	131,395			6	6,468			14	137,863
18.2 By payment on compromised claims										
18.3 Total paid	8	131,395			6	6,468			14	137,863
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	131,395			6	6,468			14	137,863
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	884	48,873,118	(a)			62,520,563			884	111,393,681
21. Issued during year	45	4,402,959							45	4,402,959
22. Other changes to in force (Net)	(39)	(1,628,980)				185,242			(39)	(1,443,738)
23. In force December 31, current year	890	51,647,097	(a)			62,705,805			890	114,352,902

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,065	12,954		13,157	13,189
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,065	12,954		13,157	13,189

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143023100

DIRECT BUSINESS IN THE STATE OF: MICHIGAN
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	612,431		182,645		795,076
2. Annuity considerations	87				87
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	612,518		182,645		795,163
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	9,252				9,252
6.2 Applied to pay renewal premiums	1,850				1,850
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	31,745				31,745
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	42,847				42,847
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	42,847				42,847
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	768,500		24,703		793,203
10. Matured endowments	5				5
11. Annuity benefits	7,756				7,756
12. Surrender values and withdrawals for life contracts	120,926				120,926
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	897,187		24,703		921,890

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	384,343			3	30,036			8	414,379
17. Incurred during current year	39	398,600			5	12,997			44	411,597
Settled during current year:										
18.1 By payment in full	40	768,505			5	24,703			45	793,208
18.2 By payment on compromised claims										
18.3 Total paid	40	768,505			5	24,703			45	793,208
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	40	768,505			5	24,703			45	793,208
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	14,438			3	18,330			7	32,768
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,046	17,301,935	(a)			114,297,585			1,046	131,599,520
21. Issued during year	240	2,938,976							240	2,938,976
22. Other changes to in force (Net)	(183)	(2,602,752)				(2,950,230)			(183)	(5,552,982)
23. In force December 31, current year	1,103	17,638,159	(a)			111,347,355			1,103	128,985,514

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	10,051	9,956		7,676	7,695
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,393,590	1,222,958		574,113	681,362
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,393,590	1,222,958		574,113	681,362
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,403,641	1,232,914		581,789	689,057

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MINNESOTA
DURING THE YEAR 2011



63967201143024100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	94,871		98,407		193,278
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	94,871		98,407		193,278
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	7,880				7,880
6.2 Applied to pay renewal premiums	62				62
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	25,614				25,614
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	33,556				33,556
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	33,556				33,556
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	84,360		11,033		95,393
10. Matured endowments					
11. Annuity benefits	1,244				1,244
12. Surrender values and withdrawals for life contracts	23,442				23,442
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	1,622				1,622
15. Totals	110,668		11,033		121,701

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	6	79,360			4	11,033			10	90,393
Settled during current year:										
18.1 By payment in full	7	84,360			4	11,033			11	95,393
18.2 By payment on compromised claims										
18.3 Total paid	7	84,360			4	11,033			11	95,393
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	84,360			4	11,033			11	95,393
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	198	3,936,357	(a)			55,826,804			198	59,763,161
21. Issued during year	2	20,000							2	20,000
22. Other changes to in force (Net)	(12)	(141,874)				(3,054,187)			(12)	(3,196,061)
23. In force December 31, current year	188	3,814,483	(a)			52,772,617			188	56,587,100

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	11,874	11,730		13,728	13,761
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	66,862	65,026		37,008	42,274
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	66,862	65,026		37,008	42,274
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,736	76,756		50,736	56,035

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MISSISSIPPI
DURING THE YEAR 2011



63967201143025100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	477,673				209,299				686,972	
2. Annuity considerations	11,858								11,858	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	489,531				209,299				698,830	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	16,550								16,550	
6.2 Applied to pay renewal premiums	3,614								3,614	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	49,192								49,192	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	69,356								69,356	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	69,356								69,356	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	311,723				167,160				478,883	
10. Matured endowments										
11. Annuity benefits	21,726								21,726	
12. Surrender values and withdrawals for life contracts	27,892								27,892	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	345								345	
15. Totals	361,686				167,160				528,846	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	164,830			1	1,538			8	166,368
17. Incurred during current year	25	161,593			11	172,762			36	334,355
Settled during current year:										
18.1 By payment in full	28	311,723			9	167,160			37	478,883
18.2 By payment on compromised claims										
18.3 Total paid	28	311,723			9	167,160			37	478,883
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	28	311,723			9	167,160			37	478,883
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	14,700			3	7,140			7	21,840
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	973	46,628,643	(a)			106,654,288			973	153,282,931
21. Issued during year	49	1,227,676							49	1,227,676
22. Other changes to in force (Net)	(82)	(2,873,593)				(5,079,011)			(82)	(7,952,604)
23. In force December 31, current year	940	44,982,726	(a)			101,575,277			940	146,558,003

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	14,304	14,045		10,779	10,805
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	204,393	199,935		131,250	151,149
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	204,393	199,935		131,250	151,149
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	218,697	213,980		142,029	161,954

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201143026100

DIRECT BUSINESS IN THE STATE OF: MISSOURI
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	322,728				291,379				614,107	
2. Annuity considerations	2,550								2,550	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	325,278				291,379				616,657	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	25,831								25,831	
6.2 Applied to pay renewal premiums	851								851	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	55,597								55,597	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	82,279								82,279	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	82,279								82,279	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	262,654				270,415				533,069	
10. Matured endowments										
11. Annuity benefits	19,401								19,401	
12. Surrender values and withdrawals for life contracts	101,547								101,547	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	4,277								4,277	
15. Totals	387,879				270,415				658,294	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	31,000			1	1,530			3	32,530
17. Incurred during current year	15	265,324			8	278,005			23	543,329
Settled during current year:										
18.1 By payment in full	13	262,654			7	270,415			20	533,069
18.2 By payment on compromised claims										
18.3 Total paid	13	262,654			7	270,415			20	533,069
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	262,654			7	270,415			20	533,069
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	33,670			2	9,120			6	42,790
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	666	23,073,145	(a)			171,925,089			666	194,998,234
21. Issued during year	21	3,288,948							21	3,288,948
22. Other changes to in force (Net)	19	(421,823)				(2,797,997)			19	(3,219,820)
23. In force December 31, current year	706	25,940,270	(a)			169,127,092			706	195,067,362

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	54,394	53,801		53,352	53,482
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	955,959	892,353		586,998	644,419
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	955,959	892,353		586,998	644,419
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,010,353	946,154		640,350	697,901

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: MONTANA
DURING THE YEAR 2011



63967201143027100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total			
1. Life insurance		27,150			43,994				71,144			
2. Annuity considerations												
3. Deposit-type contract funds			X X X				X X X					
4. Other considerations												
5. Totals (Lines 1 to 4)		27,150			43,994				71,144			
DIRECT DIVIDENDS TO POLICYHOLDERS												
Life Insurance:												
6.1 Paid in cash or left on deposit		3,514							3,514			
6.2 Applied to pay renewal premiums												
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		12,028							12,028			
6.4 Other												
6.5 Totals (Sum of Lines 6.1 to 6.4)		15,542							15,542			
Annuities:												
7.1 Paid in cash or left on deposit												
7.2 Applied to provide paid-up annuities												
7.3 Other												
7.4 Totals (Sum of Lines 7.1 to 7.3)												
8. Grand Totals (Lines 6.5 plus Line 7.4)		15,542							15,542			
DIRECT CLAIMS AND BENEFITS PAID												
9. Death benefits					3,060				3,060			
10. Matured endowments												
11. Annuity benefits												
12. Surrender values and withdrawals for life contracts		7,011							7,011			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid												
14. All other benefits, except accident & health												
15. Totals		7,011			3,060				10,071			
DETAILS OF WRITE-INS												
1301.		NONE										
1302.												
1303.												
1398. Summary of remaining write-ins for Line 13 from overflow page												
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)												
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
		1	2	3	4	5	6	7	8	9	10	
		No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
		16. Unpaid December 31, prior year										
		17. Incurred during current year	1				1	3,060			2	3,060
		Settled during current year:										
		18.1 By payment in full	1				1	3,060			2	3,060
		18.2 By payment on compromised claims										
		18.3 Total paid	1				1	3,060			2	3,060
		18.4 Reduction by compromise										
18.5 Amount rejected												
18.6 Total settlements		1				1	3,060			2	3,060	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)												
POLICY EXHIBIT						No. of Policies						
20. In force December 31, prior year		49	1,394,501	(a)			29,622,327			49	31,016,828	
21. Issued during year												
22. Other changes to in force (Net)		(1)	(189)				(2,135,310)			(1)	(2,135,499)	
23. In force December 31, current year		48	1,394,312	(a)			27,487,017			48	28,881,329	

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	557	557		578	580
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,123	1,819		189	226
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,123	1,819		189	226
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,680	2,376		767	806

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NEBRASKA
DURING THE YEAR 2011



63967201143028100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	64,209		109,740		173,949
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	64,209		109,740		173,949
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	3,469				3,469
6.2 Applied to pay renewal premiums	1,143				1,143
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9,535				9,535
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	14,147				14,147
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	14,147				14,147
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	42,335		7,895		50,230
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	784				784
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	43,119		7,895		51,014

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	42,335			5	37,895			7	80,230
Settled during current year:										
18.1 By payment in full	2	42,335			4	7,895			6	50,230
18.2 By payment on compromised claims										
18.3 Total paid	2	42,335			4	7,895			6	50,230
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	42,335			4	7,895			6	50,230
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					1	30,000			1	30,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	130	2,158,922	(a)			74,334,677			130	76,493,599
21. Issued during year										
22. Other changes to in force (Net)	(2)	(40,375)				595,671			(2)	555,296
23. In force December 31, current year	128	2,118,547	(a)			74,930,348			128	77,048,895

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,819	8,637		6,721	6,738
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	387,758	379,131		272,813	322,628
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	387,758	379,131		272,813	322,628
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	396,577	387,768		279,534	329,366

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 1.



63967201143029100

DIRECT BUSINESS IN THE STATE OF: NEVADA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	222,283		267,826		490,109
2. Annuity considerations	1,970				1,970
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	224,253		267,826		492,079
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	9,895				9,895
6.2 Applied to pay renewal premiums	139				139
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	53,041				53,041
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	63,075				63,075
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	63,075				63,075
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	95,184		676,126		771,310
10. Matured endowments					
11. Annuity benefits	38,967				38,967
12. Surrender values and withdrawals for life contracts	132,287				132,287
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	6,504				6,504
15. Totals	272,942		676,126		949,068

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	7	115,507			12	677,626			19	793,133
Settled during current year:										
18.1 By payment in full	6	95,184			11	676,126			17	771,310
18.2 By payment on compromised claims										
18.3 Total paid	6	95,184			11	676,126			17	771,310
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	95,184			11	676,126			17	771,310
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	20,323			1	1,500			2	21,823
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	282	11,298,599	(a)			149,968,850			282	161,267,449
21. Issued during year	10	716,731							10	716,731
22. Other changes to in force (Net)	(20)	(613,836)				(15,246,532)			(20)	(15,860,368)
23. In force December 31, current year	272	11,401,494	(a)			134,722,318			272	146,123,812

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	13,122	12,627		8,535	8,556
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,122	12,627		8,535	8,556

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NEW HAMPSHIRE
DURING THE YEAR 2011



63967201143030100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	161,577		54,176		215,753					
2. Annuity considerations	86,074				86,074					
3. Deposit-type contract funds		X X X		X X X						
4. Other considerations										
5. Totals (Lines 1 to 4)	247,651		54,176		301,827					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	11,500				11,500					
6.2 Applied to pay renewal premiums	2,481				2,481					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	22,380				22,380					
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	36,361				36,361					
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	36,361				36,361					
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	49,319		8,955		58,274					
10. Matured endowments										
11. Annuity benefits	21,527				21,527					
12. Surrender values and withdrawals for life contracts	1,828				1,828					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	518				518					
15. Totals	73,192		8,955		82,147					
DETAILS OF WRITE-INS										
1301.	NONE									
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	16. Unpaid December 31, prior year									
	17. Incurred during current year	2	49,319			2	8,955		4	58,274
	Settled during current year:									
	18.1 By payment in full	2	49,319			2	8,955		4	58,274
	18.2 By payment on compromised claims									
	18.3 Total paid	2	49,319			2	8,955		4	58,274
	18.4 Reduction by compromise									
18.5 Amount rejected										
18.6 Total settlements	2	49,319			2	8,955		4	58,274	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	412	22,715,760	(a)			28,939,743			412	51,655,503
21. Issued during year	11	2,875,402							11	2,875,402
22. Other changes to in force (Net)	(8)	(1,323,610)				(2,161,050)			(8)	(3,484,660)
23. In force December 31, current year	415	24,267,552	(a)			26,778,693			415	51,046,245

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	2,620		2,575				125		126	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	316		50							
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	316		50							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,936		2,625				125		126	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143031100

DIRECT BUSINESS IN THE STATE OF: NEW JERSEY
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	88,836				141,895				230,731	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	88,836				141,895				230,731	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	24,846								24,846	
6.2 Applied to pay renewal premiums	3,605								3,605	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27,419								27,419	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	55,870								55,870	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	55,870								55,870	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	39,561				30,430				69,991	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	73,718								73,718	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	271								271	
15. Totals	113,550				30,430				143,980	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
Ordinary										
Credit Life (Group and Individual)										
Group										
Industrial										
Total										
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3										
4										
5										
6										
7										
8										
9										
10										
No.										
Amount										
No. of Ind. Pols. & Gr. Certifs.										
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(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,130	3,343		1,659	1,663
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,130	3,343		1,659	1,663

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201143032100

DIRECT BUSINESS IN THE STATE OF: NEW MEXICO
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	575,996		210,365		786,361
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	575,996		210,365		786,361
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	23,502				23,502
6.2 Applied to pay renewal premiums	1,848				1,848
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	65,420				65,420
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	90,770				90,770
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	90,770				90,770
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	432,659		264,629		697,288
10. Matured endowments					
11. Annuity benefits	2,138				2,138
12. Surrender values and withdrawals for life contracts	391,558				391,558
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	11,625				11,625
15. Totals	837,980		264,629		1,102,609

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	7,000			1	1,530			2	8,530
17. Incurred during current year	26	465,050			6	263,099			32	728,149
Settled during current year:										
18.1 By payment in full	24	432,659			7	264,629			31	697,288
18.2 By payment on compromised claims										
18.3 Total paid	24	432,659			7	264,629			31	697,288
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	24	432,659			7	264,629			31	697,288
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	39,391							3	39,391
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,118	54,248,976	(a)			115,268,592			1,118	169,517,568
21. Issued during year	23	3,309,179							23	3,309,179
22. Other changes to in force (Net)	(80)	(3,443,068)				5,024,517			(80)	1,581,449
23. In force December 31, current year	1,061	54,115,087	(a)			120,293,109			1,061	174,408,196

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,941	2,962		2,323	2,328
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		(132)			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		(132)			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,941	2,830		2,323	2,328

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NEW YORK
DURING THE YEAR 2011



63967201143033100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	144,500		249,397		393,897
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	144,500		249,397		393,897
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	13,613				13,613
6.2 Applied to pay renewal premiums	2,052				2,052
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	46,685				46,685
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	62,350				62,350
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	62,350				62,350
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	125,039		85,256		210,295
10. Matured endowments					
11. Annuity benefits	2,507				2,507
12. Surrender values and withdrawals for life contracts	61,882				61,882
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	189,428		85,256		274,684

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	47,974			3	150,000			8	197,974
17. Incurred during current year	8	78,254			4	(14,744)			12	63,510
Settled during current year:										
18.1 By payment in full	12	125,039			6	85,256			18	210,295
18.2 By payment on compromised claims										
18.3 Total paid	12	125,039			6	85,256			18	210,295
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	125,039			6	85,256			18	210,295
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,189			1	50,000			2	51,189
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	323	6,088,912	(a)			161,027,108			323	167,116,020
21. Issued during year										
22. Other changes to in force (Net)	(21)	(191,167)				(12,660,601)			(21)	(12,851,768)
23. In force December 31, current year	302	5,897,745	(a)			148,366,507			302	154,264,252

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,199	8,172		6,960	6,977
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,972	1,972			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,972	1,972			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,171	10,144		6,960	6,977

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143034100

DIRECT BUSINESS IN THE STATE OF: NORTH CAROLINA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,243,178		1,004,970		3,248,148
2. Annuity considerations	289,890				289,890
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	2,533,068		1,004,970		3,538,038
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	46,567				46,567
6.2 Applied to pay renewal premiums	6,244				6,244
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	157,376				157,376
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	210,187				210,187
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	210,187				210,187
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,123,595		431,481		1,555,076
10. Matured endowments					
11. Annuity benefits	111,064				111,064
12. Surrender values and withdrawals for life contracts	310,258				310,258
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	9,479				9,479
15. Totals	1,554,396		431,481		1,985,877

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	40,174			3	146,034			8	186,208
17. Incurred during current year	70	1,304,569			25	297,177			95	1,601,746
Settled during current year:										
18.1 By payment in full	65	1,123,595			25	431,481			90	1,555,076
18.2 By payment on compromised claims										
18.3 Total paid	65	1,123,595			25	431,481			90	1,555,076
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	65	1,123,595			25	431,481			90	1,555,076
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	221,148			3	11,730			13	232,878
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,000	202,397,327	(a)			592,826,647			3,000	795,223,974
21. Issued during year	281	39,308,340							281	39,308,340
22. Other changes to in force (Net)	(214)	(12,665,660)				(40,709,856)			(214)	(53,375,516)
23. In force December 31, current year	3,067	229,040,007	(a)			552,116,791			3,067	781,156,798

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	114,678	114,650		82,439	82,641
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	121,515	109,626		45,399	54,360
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	121,515	109,626		45,399	54,360
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	236,193	224,276		127,838	137,001

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 4.

DIRECT BUSINESS IN THE STATE OF: NORTH DAKOTA
DURING THE YEAR 2011



63967201143035100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	16,565			52,913		69,478					
2. Annuity considerations											
3. Deposit-type contract funds			X X X		X X X						
4. Other considerations											
5. Totals (Lines 1 to 4)	16,565			52,913		69,478					
DIRECT DIVIDENDS TO POLICYHOLDERS											
Life Insurance:											
6.1 Paid in cash or left on deposit	415					415					
6.2 Applied to pay renewal premiums	329					329					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,214					4,214					
6.4 Other											
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,958					4,958					
Annuities:											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 Totals (Sum of Lines 7.1 to 7.3)											
8. Grand Totals (Lines 6.5 plus Line 7.4)	4,958					4,958					
DIRECT CLAIMS AND BENEFITS PAID											
9. Death benefits	11,906			15,683		27,589					
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts	2,176					2,176					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident & health											
15. Totals	14,082			15,683		29,765					
DETAILS OF WRITE-INS											
1301.		NONE									
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1	2	3	4	5	6	7	8	9	10	
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount	
	16. Unpaid December 31, prior year										
	17. Incurred during current year	2	11,906			1	15,683			3	27,589
	Settled during current year:										
	18.1 By payment in full	2	11,906			1	15,683			3	27,589
	18.2 By payment on compromised claims										
	18.3 Total paid	2	11,906			1	15,683			3	27,589
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	2	11,906			1	15,683			3	27,589	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
POLICY EXHIBIT					No. of Policies						
	20. In force December 31, prior year	28	713,650	(a)		42,765,072			28	43,478,722	
	21. Issued during year	2	230,000						2	230,000	
	22. Other changes to in force (Net)	(3)	(16,975)			(4,438,161)			(3)	(4,455,136)	
23. In force December 31, current year	27	926,675	(a)		38,326,911			27	39,253,586		

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	9,710		9,628				7,652		7,671	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	117		117							
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	117		117							
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,827		9,745				7,652		7,671	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: OHIO
DURING THE YEAR 2011



63967201143036100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,122,790		379,878		1,502,668
2. Annuity considerations	48,496				48,496
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,171,286		379,878		1,551,164
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	22,959				22,959
6.2 Applied to pay renewal premiums	1,979				1,979
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	69,972				69,972
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	94,910				94,910
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	94,910				94,910
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	897,293		748,159		1,645,452
10. Matured endowments					
11. Annuity benefits	46,730				46,730
12. Surrender values and withdrawals for life contracts	202,226				202,226
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	765				765
15. Totals	1,147,014		748,159		1,895,173

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	163,493			3	119,650			12	283,143
17. Incurred during current year	56	908,341			9	647,859			65	1,556,200
Settled during current year:										
18.1 By payment in full	56	897,293			10	748,159			66	1,645,452
18.2 By payment on compromised claims										
18.3 Total paid	56	897,293			10	748,159			66	1,645,452
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	56	897,293			10	748,159			66	1,645,452
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	174,541			2	19,350			11	193,891
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,820	87,449,804	(a)			241,460,370			1,820	328,910,174
21. Issued during year	281	16,792,828							281	16,792,828
22. Other changes to in force (Net)	(178)	(5,830,114)				(14,125,215)			(178)	(19,955,329)
23. In force December 31, current year	1,923	98,412,518	(a)			227,335,155			1,923	325,747,673

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	27,584	27,273		29,684	29,756
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,800,079	1,687,057		1,009,029	1,157,191
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,800,079	1,687,057		1,009,029	1,157,191
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,827,663	1,714,330		1,038,713	1,186,947

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201143037100

DIRECT BUSINESS IN THE STATE OF: OKLAHOMA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,049,882		297,704		1,347,586
2. Annuity considerations	731,790				731,790
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,781,672		297,704		2,079,376
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	14,980				14,980
6.2 Applied to pay renewal premiums	522				522
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	49,706				49,706
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	65,208				65,208
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	65,208				65,208
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	473,185		157,830		631,015
10. Matured endowments					
11. Annuity benefits	320,574				320,574
12. Surrender values and withdrawals for life contracts	195,055				195,055
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	2,154				2,154
15. Totals	990,968		157,830		1,148,798

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	20,972			1	2,563			3	23,535
17. Incurred during current year	36	475,749			10	169,981			46	645,730
Settled during current year:										
18.1 By payment in full	34	473,185			9	157,830			43	631,015
18.2 By payment on compromised claims										
18.3 Total paid	34	473,185			9	157,830			43	631,015
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	473,185			9	157,830			43	631,015
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	23,536			2	14,714			6	38,250
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,168	78,652,880	(a)			197,344,758			1,168	275,997,638
21. Issued during year	182	11,157,592							182	11,157,592
22. Other changes to in force (Net)	(114)	(3,789,398)				(15,785,561)			(114)	(19,574,959)
23. In force December 31, current year	1,236	86,021,074	(a)			181,559,197			1,236	267,580,271

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,425	15,953		17,400	17,442
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	51,762	46,857		17,091	20,211
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	51,762	46,857		17,091	20,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	68,187	62,810		34,491	37,653

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: OREGON
DURING THE YEAR 2011



63967201143038100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	136,253		111,252		247,505
2. Annuity considerations	1,665				1,665
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	137,918		111,252		249,170
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	10,268				10,268
6.2 Applied to pay renewal premiums	1,367				1,367
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	37,426				37,426
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	49,061				49,061
Annuities:					
7.1 Paid in cash or left on deposit	919				919
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	919				919
8. Grand Totals (Lines 6.5 plus Line 7.4)	49,980				49,980
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	161,437		37,175		198,612
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	5,240				5,240
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	641				641
15. Totals	167,318		37,175		204,493

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	2,671							1	2,671
17. Incurred during current year	10	158,766			9	37,175			19	195,941
Settled during current year:										
18.1 By payment in full	11	161,437			9	37,175			20	198,612
18.2 By payment on compromised claims										
18.3 Total paid	11	161,437			9	37,175			20	198,612
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	11	161,437			9	37,175			20	198,612
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	236	12,921,687	(a)			54,146,234			236	67,067,921
21. Issued during year	1	180,000							1	180,000
22. Other changes to in force (Net)	(15)	(287,046)				(4,398,140)			(15)	(4,685,186)
23. In force December 31, current year	222	12,814,641	(a)			49,748,094			222	62,562,735

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	18,245	18,147		9,649	9,673
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,176	8,577		4,249	5,087
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,176	8,577		4,249	5,087
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,421	26,724		13,898	14,760

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: PENNSYLVANIA
DURING THE YEAR 2011



63967201143039100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	557,660				304,872				862,532	
2. Annuity considerations	1,700								1,700	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	559,360				304,872				864,232	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	24,812								24,812	
6.2 Applied to pay renewal premiums	4,616								4,616	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	69,531								69,531	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	98,959								98,959	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	98,959								98,959	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	246,388				54,872				301,260	
10. Matured endowments	2,017								2,017	
11. Annuity benefits	7,259								7,259	
12. Surrender values and withdrawals for life contracts	100,042								100,042	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	1,401								1,401	
15. Totals	357,107				54,872				411,979	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr. Certifs.		No. of Certifs.					
	No.	Amount		Amount		Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	22,612			1	22,500			5	45,112
17. Incurred during current year	33	270,801			12	237,982			45	508,783
Settled during current year:										
18.1 By payment in full	34	248,405			9	54,872			43	303,277
18.2 By payment on compromised claims										
18.3 Total paid	34	248,405			9	54,872			43	303,277
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	248,405			9	54,872			43	303,277
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	45,008			4	205,610			7	250,618
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	1,263	25,085,000		(a)		179,353,248			1,263	204,438,248
21. Issued during year	189	1,863,100							189	1,863,100
22. Other changes to in force (Net)	(106)	(1,286,395)				(10,876,546)			(106)	(12,162,941)
23. In force December 31, current year	1,346	25,661,705		(a)		168,476,702			1,346	194,138,407

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	58,426	57,946		58,941	59,085
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	141,442	136,067		57,263	68,178
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	141,442	136,067		57,263	68,178
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	199,868	194,013		116,204	127,263

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: RHODE ISLAND
DURING THE YEAR 2011



63967201143040100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	337,956				27,291				365,247	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	337,956				27,291				365,247	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,935								5,935	
6.2 Applied to pay renewal premiums	490								490	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	22,348								22,348	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	28,773								28,773	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	28,773								28,773	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	121,539				2,299				123,838	
10. Matured endowments										
11. Annuity benefits	93,138								93,138	
12. Surrender values and withdrawals for life contracts	36,295								36,295	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	250,972				2,299				253,271	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	121,539			2	2,299			4	123,838
Settled during current year:										
18.1 By payment in full	2	121,539			2	2,299			4	123,838
18.2 By payment on compromised claims										
18.3 Total paid	2	121,539			2	2,299			4	123,838
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	121,539			2	2,299			4	123,838
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
	508	72,530,809	(a)			13,537,644			508	86,068,453
	(17)	(3,270,183)				772,063			(17)	(2,498,120)
23. In force December 31, current year	491	69,260,626	(a)			14,309,707			491	83,570,333

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,290	3,264		4,328	4,338
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	477	211			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	477	211			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,767	3,475		4,328	4,338

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143041100

DIRECT BUSINESS IN THE STATE OF: SOUTH CAROLINA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,156,823		467,877		1,624,700
2. Annuity considerations	8,682				8,682
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,165,505		467,877		1,633,382
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	40,647				40,647
6.2 Applied to pay renewal premiums	8,576				8,576
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	133,873				133,873
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	183,096				183,096
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	183,096				183,096
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	645,965		176,901		822,866
10. Matured endowments					
11. Annuity benefits	346,517				346,517
12. Surrender values and withdrawals for life contracts	239,276				239,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	5,464				5,464
15. Totals	1,237,222		176,901		1,414,123

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	51,538			2	37,405			8	88,943
17. Incurred during current year	49	684,540			17	155,576			66	840,116
Settled during current year:										
18.1 By payment in full	47	645,965			16	176,901			63	822,866
18.2 By payment on compromised claims										
18.3 Total paid	47	645,965			16	176,901			63	822,866
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	47	645,965			16	176,901			63	822,866
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	90,113			3	16,080			11	106,193
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,979	69,536,199	(a)			246,861,966			1,979	316,398,165
21. Issued during year	219	12,134,591							219	12,134,591
22. Other changes to in force (Net)	(274)	(8,284,389)				(7,604,125)			(274)	(15,888,514)
23. In force December 31, current year	1,924	73,386,401	(a)			239,257,841			1,924	312,644,242

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	23,413	22,926		23,688	23,746
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,838,288	1,778,230		1,141,871	1,336,199
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,838,288	1,778,230		1,141,871	1,336,199
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,861,701	1,801,156		1,165,559	1,359,945

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.

DIRECT BUSINESS IN THE STATE OF: SOUTH DAKOTA
DURING THE YEAR 2011



63967201143042100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	75,039		53,043		128,082
2. Annuity considerations					
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	75,039		53,043		128,082
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	4,539				4,539
6.2 Applied to pay renewal premiums	321				321
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,859				3,859
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,719				8,719
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	8,719				8,719
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,211		83,333		89,544
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	13,800				13,800
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	20,011		83,333		103,344

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	6,211				83,333			2	89,544
Settled during current year:										
18.1 By payment in full	2	6,211				83,333			2	89,544
18.2 By payment on compromised claims										
18.3 Total paid	2	6,211				83,333			2	89,544
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	6,211				83,333			2	89,544
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	121	5,079,771	(a)			31,207,199			121	36,286,970
21. Issued during year	7	625,000							7	625,000
22. Other changes to in force (Net)	(13)	(524,002)				(1,885,451)			(13)	(2,409,453)
23. In force December 31, current year	115	5,180,769	(a)			29,321,748			115	34,502,517

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	21,987	21,718		11,132	11,159
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,272	10,785		6,515	7,780
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,272	10,785		6,515	7,780
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,259	32,503		17,647	18,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: TENNESSEE
DURING THE YEAR 2011



63967201143043100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,567,615		511,973		2,079,588
2. Annuity considerations	357,120				357,120
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	1,924,735		511,973		2,436,708
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	57,384				57,384
6.2 Applied to pay renewal premiums	18,321				18,321
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	217,256				217,256
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	292,961				292,961
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	292,961				292,961
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,307,478		734,653		2,042,131
10. Matured endowments					
11. Annuity benefits	858,345				858,345
12. Surrender values and withdrawals for life contracts	558,071				558,071
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	6,374				6,374
15. Totals	2,730,268		734,653		3,464,921

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	8	109,685			2	4,000			10	113,685
17. Incurred during current year	65	1,337,522			12	740,703			77	2,078,225
Settled during current year:										
18.1 By payment in full	65	1,307,478			12	734,653			77	2,042,131
18.2 By payment on compromised claims										
18.3 Total paid	65	1,307,478			12	734,653			77	2,042,131
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	65	1,307,478			12	734,653			77	2,042,131
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	139,729			2	10,050			10	149,779
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,205	196,922,106	(a)			308,748,747			3,205	505,670,853
21. Issued during year	156	5,301,722							156	5,301,722
22. Other changes to in force (Net)	(190)	(8,695,276)				(15,484,156)			(190)	(24,179,432)
23. In force December 31, current year	3,171	193,528,552	(a)			293,264,591			3,171	486,793,143

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	25,926	25,850		20,094	20,143
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	102,864	98,072		67,752	78,647
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	102,864	98,072		67,752	78,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	128,790	123,922		87,846	98,790

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: TEXAS
DURING THE YEAR 2011



63967201143044100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	6,065,972				1,871,587				7,937,559	
2. Annuity considerations	679,326								679,326	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	6,745,298				1,871,587				8,616,885	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	166,211								166,211	
6.2 Applied to pay renewal premiums	43,330								43,330	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	641,410								641,410	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	850,951								850,951	
Annuities:										
7.1 Paid in cash or left on deposit	3								3	
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)	3								3	
8. Grand Totals (Lines 6.5 plus Line 7.4)	850,954								850,954	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	5,180,124				796,748				5,976,872	
10. Matured endowments	65,107								65,107	
11. Annuity benefits	1,327,441								1,327,441	
12. Surrender values and withdrawals for life contracts	2,571,892								2,571,892	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	22,588								22,588	
15. Totals	9,167,152				796,748				9,963,900	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	34	504,304			13	84,154			47	588,458
17. Incurred during current year	291	4,991,967			73	979,333			364	5,971,300
Settled during current year:										
18.1 By payment in full	298	5,245,231			75	796,748			373	6,041,979
18.2 By payment on compromised claims										
18.3 Total paid	298	5,245,231			75	796,748			373	6,041,979
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	298	5,245,231			75	796,748			373	6,041,979
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	27	251,040			11	266,739			38	517,779
POLICY EXHIBIT					No. of Policies					
	20. In force December 31, prior year	12,652	586,563,997	(a)	1	1,068,305,050			12,653	1,654,869,047
	21. Issued during year	285	21,701,097						285	21,701,097
	22. Other changes to in force (Net)	(824)	(32,334,588)			(13,077,854)			(824)	(45,412,442)
	23. In force December 31, current year	12,113	575,930,506	(a)	1	1,055,227,196			12,114	1,631,157,702

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	89,567	88,804		67,671	67,837
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,270,031	1,209,241		691,388	772,634
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	222	222		532	532
25.6 Totals (sum of Lines 25.1 to 25.5)	1,270,253	1,209,463		691,920	773,166
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,359,820	1,298,267		759,591	841,003

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.



63967201143045100

DIRECT BUSINESS IN THE STATE OF: UTAH
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	267,018		118,139		385,157					
2. Annuity considerations	500				500					
3. Deposit-type contract funds		X X X		X X X						
4. Other considerations										
5. Totals (Lines 1 to 4)	267,518		118,139		385,657					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	5,521				5,521					
6.2 Applied to pay renewal premiums	153				153					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,131				12,131					
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	17,805				17,805					
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	17,805				17,805					
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	237,019		58,262		295,281					
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	40,359				40,359					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	277,378		58,262		335,640					
DETAILS OF WRITE-INS										
1301.	NONE									
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	9,738			1	9,738
17. Incurred during current year	14	237,019			1	48,524			15	285,543
Settled during current year:										
18.1 By payment in full	14	237,019			2	58,262			16	295,281
18.2 By payment on compromised claims										
18.3 Total paid	14	237,019			2	58,262			16	295,281
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	237,019			2	58,262			16	295,281
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
	469	29,942,232	(a)			74,049,145			469	103,991,377
	8	1,757,624							8	1,757,624
	(31)	(1,839,253)				5,248,976			(31)	3,409,723
23. In force December 31, current year	446	29,860,603	(a)			79,298,121			446	109,158,724

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	3,380		3,203				3,863		3,873	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	3,721		3,314				660		791	
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	3,721		3,314				660		791	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,101		6,517				4,523		4,664	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: VERMONT
DURING THE YEAR 2011



63967201143046100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	106,878		25,886		132,764
2. Annuity considerations	4,000				4,000
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	110,878		25,886		136,764
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	2,585				2,585
6.2 Applied to pay renewal premiums	1,353				1,353
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,679				3,679
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	7,617				7,617
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	7,617				7,617
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24,811		765		25,576
10. Matured endowments					
11. Annuity benefits	1,800				1,800
12. Surrender values and withdrawals for life contracts	39,219				39,219
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	411				411
15. Totals	66,241		765		67,006

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	24,811			1	765			2	25,576
Settled during current year:										
18.1 By payment in full	1	24,811			1	765			2	25,576
18.2 By payment on compromised claims										
18.3 Total paid	1	24,811			1	765			2	25,576
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	24,811			1	765			2	25,576
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	190	17,383,811	(a)			17,886,634			190	35,270,445
21. Issued during year	10	1,226,325							10	1,226,325
22. Other changes to in force (Net)	(11)	(668,101)				216,606			(11)	(451,495)
23. In force December 31, current year	189	17,942,035	(a)			18,103,240			189	36,045,275

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	169	169		68	68
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	34,090	29,576		31,860	38,149
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	34,090	29,576		31,860	38,149
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,259	29,745		31,928	38,217

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: VIRGINIA
DURING THE YEAR 2011



63967201143047100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,701,613		1,382,728		4,084,341
2. Annuity considerations	55,736				55,736
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	2,757,349		1,382,728		4,140,077
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	112,925				112,925
6.2 Applied to pay renewal premiums	23,174				23,174
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	536,960				536,960
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	673,059				673,059
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	673,059				673,059
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,418,420		1,085,170		4,503,590
10. Matured endowments					
11. Annuity benefits	482,237				482,237
12. Surrender values and withdrawals for life contracts	1,223,239				1,223,239
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	26,653				26,653
15. Totals	5,150,549		1,085,170		6,235,719

DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	17	436,658			11	133,289			28	569,947
17. Incurred during current year	133	3,199,498			49	1,349,813			182	4,549,311
Settled during current year:										
18.1 By payment in full	138	3,418,420			51	1,085,170			189	4,503,590
18.2 By payment on compromised claims										
18.3 Total paid	138	3,418,420			51	1,085,170			189	4,503,590
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	138	3,418,420			51	1,085,170			189	4,503,590
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	217,736			9	397,932			21	615,668
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,428	281,747,983	(a)		1	751,617,074			6,429	1,033,365,057
21. Issued during year	130	8,181,118							130	8,181,118
22. Other changes to in force (Net)	(391)	(18,131,941)				(35,808,957)			(391)	(53,940,898)
23. In force December 31, current year	6,167	271,797,160	(a)		1	715,808,117			6,168	987,605,277

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	150,053	149,868		73,910	74,091
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	45,793	42,967		21,619	25,642
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	45,793	42,967		21,619	25,642
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	195,846	192,835		95,529	99,733

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 3.



63967201143048100

DIRECT BUSINESS IN THE STATE OF: WASHINGTON
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	857,844		522,673		1,380,517
2. Annuity considerations	5,200				5,200
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	863,044		522,673		1,385,717
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	29,246				29,246
6.2 Applied to pay renewal premiums	5,681				5,681
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	136,029				136,029
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	170,956				170,956
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus Line 7.4)	170,956				170,956
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	623,610		413,281		1,036,891
10. Matured endowments					
11. Annuity benefits	67,276				67,276
12. Surrender values and withdrawals for life contracts	318,450				318,450
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	5,056				5,056
15. Totals	1,014,392		413,281		1,427,673

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	96,087			5	60,708			9	156,795
17. Incurred during current year	21	668,479			24	365,073			45	1,033,552
Settled during current year:										
18.1 By payment in full	21	623,610			28	413,281			49	1,036,891
18.2 By payment on compromised claims										
18.3 Total paid	21	623,610			28	413,281			49	1,036,891
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	21	623,610			28	413,281			49	1,036,891
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	140,956			1	12,500			5	153,456
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,211	114,284,558	(a)			278,863,198			1,211	393,147,756
21. Issued during year	39	11,832,911							39	11,832,911
22. Other changes to in force (Net)	(56)	(5,126,329)				1,661,697			(56)	(3,464,632)
23. In force December 31, current year	1,194	120,991,140	(a)			280,524,895			1,194	401,516,035

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	10,242	10,045		3,757	3,766
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	71,828	62,676		26,101	31,114
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	71,828	62,676		26,101	31,114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,070	72,721		29,858	34,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 2.



63967201143049100

DIRECT BUSINESS IN THE STATE OF: WEST VIRGINIA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	271,659				89,471				361,130	
2. Annuity considerations	24								24	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	271,683				89,471				361,154	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	3,260								3,260	
6.2 Applied to pay renewal premiums	810								810	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,735								14,735	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	18,805								18,805	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	18,805								18,805	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	195,548				5,610				201,158	
10. Matured endowments										
11. Annuity benefits	144								144	
12. Surrender values and withdrawals for life contracts	24,148								24,148	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	219,840				5,610				225,450	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
	16. Unpaid December 31, prior year	2	16,423						2	16,423
	17. Incurred during current year	27	213,350			4	5,610		31	218,960
	Settled during current year:									
	18.1 By payment in full	25	195,548			4	5,610		29	201,158
	18.2 By payment on compromised claims									
	18.3 Total paid	25	195,548			4	5,610		29	201,158
	18.4 Reduction by compromise									
18.5 Amount rejected										
18.6 Total settlements	25	195,548			4	5,610		29	201,158	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	34,225						4	34,225	
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	561	8,241,050	(a)			44,311,467			561	52,552,517
21. Issued during year	60	1,571,509							60	1,571,509
22. Other changes to in force (Net)	(51)	(596,461)				(1,930,576)			(51)	(2,527,037)
23. In force December 31, current year	570	9,216,098	(a)			42,380,891			570	51,596,989

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	17,581	17,432		9,069	9,091
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	25,256	22,818		10,720	12,376
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	25,256	22,818		10,720	12,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	42,837	40,250		19,789	21,467

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: WISCONSIN
DURING THE YEAR 2011



63967201143050100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	152,649				131,084				283,733	
2. Annuity considerations	14								14	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	152,663				131,084				283,747	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	3,843								3,843	
6.2 Applied to pay renewal premiums	1,434								1,434	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,815								14,815	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	20,092								20,092	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	20,092								20,092	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	143,920				2,295				146,215	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	8,778								8,778	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health	4,261								4,261	
15. Totals	156,959				2,295				159,254	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	3,000							1	3,000
17. Incurred during current year	16	148,920			4	3,825			20	152,745
Settled during current year:										
18.1 By payment in full	16	143,920			3	2,295			19	146,215
18.2 By payment on compromised claims										
18.3 Total paid	16	143,920			3	2,295			19	146,215
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	143,920			3	2,295			19	146,215
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	8,000			1	1,530			2	9,530
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	338	4,368,909	(a)			78,125,574			338	82,494,483
21. Issued during year	63	823,577							63	823,577
22. Other changes to in force (Net)	(38)	(296,524)				(6,501,132)			(38)	(6,797,656)
23. In force December 31, current year	363	4,895,962	(a)			71,624,442			363	76,520,404

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,702	3,780		3,822	3,832
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,724	15,824		3,791	1,459
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,724	15,824		3,791	1,459
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,426	19,604		7,613	5,291

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: WYOMING
DURING THE YEAR 2011



63967201143051100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	78,739				39,438				118,177	
2. Annuity considerations	45,992								45,992	
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	124,731				39,438				164,169	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	2,628								2,628	
6.2 Applied to pay renewal premiums	426								426	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	10,709								10,709	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	13,763								13,763	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	13,763								13,763	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits	10,000				21,500				31,500	
10. Matured endowments										
11. Annuity benefits	26,399								26,399	
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	36,399				21,500				57,899	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,000			4	21,500			5	31,500
Settled during current year:										
18.1 By payment in full	1	10,000			4	21,500			5	31,500
18.2 By payment on compromised claims										
18.3 Total paid	1	10,000			4	21,500			5	31,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,000			4	21,500			5	31,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	62	9,562,452	(a)			24,342,531			62	33,904,983
21. Issued during year	1	200,000							1	200,000
22. Other changes to in force (Net)	(3)	(78,476)				(2,688,207)			(3)	(2,766,683)
23. In force December 31, current year	60	9,683,976	(a)			21,654,324			60	31,338,300

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums		2 Direct Premiums Earned		3 Dividends Paid or Credited on Direct Business		4 Direct Losses Paid		5 Direct Losses Incurred	
24. Group policies (b)	4,037		4,022				3,031		3,038	
24.1 Federal Employees Health Benefits Program premium (b)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual policies:										
25.1 Non-cancelable (b)										
25.2 Guaranteed renewable (b)	7,331		5,286				963		1,153	
25.3 Non-renewable for stated reasons only (b)										
25.4 Other accident only										
25.5 All other (b)										
25.6 Totals (sum of Lines 25.1 to 25.5)	7,331		5,286				963		1,153	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,368		9,308				3,994		4,191	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: AMERICAN SAMOA
DURING THE YEAR 2011



63967201143052100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total					
1. Life insurance	51		1,657		1,708					
2. Annuity considerations										
3. Deposit-type contract funds		X X X		X X X						
4. Other considerations										
5. Totals (Lines 1 to 4)	51		1,657		1,708					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals										
DETAILS OF WRITE-INS										
1301.		NONE								
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
			No. of Ind. Pols. & Gr. Certifs.		No. of Certifs.					
	No.	Amount		Amount		Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year				(a)		1,044,150				1,044,150
21. Issued during year										
22. Other changes to in force (Net)						(167,600)				(167,600)
23. In force December 31, current year				(a)		876,550				876,550

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: GUAM
DURING THE YEAR 2011



63967201143053100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	21,222				119,744				140,966	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	21,222				119,744				140,966	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	251								251	
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,642								8,642	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,893								8,893	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	8,893								8,893	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits					318,604				318,604	
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals					318,604				318,604	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	1,538			1	1,538
17. Incurred during current year					6	383,816			6	383,816
Settled during current year:										
18.1 By payment in full					5	318,604			5	318,604
18.2 By payment on compromised claims										
18.3 Total paid					5	318,604			5	318,604
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements					5	318,604			5	318,604
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)					2	66,750			2	66,750
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	29	672,972	(a)			59,237,614			29	59,910,586
21. Issued during year										
22. Other changes to in force (Net)		5,388				(7,975,563)				(7,970,175)
23. In force December 31, current year	29	678,360	(a)			51,262,051			29	51,940,411

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	751	754			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	751	754			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 4.

DIRECT BUSINESS IN THE STATE OF: PUERTO RICO
DURING THE YEAR 2011



63967201143054100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	11,640				18,114				29,754	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	11,640				18,114				29,754	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	1,169								1,169	
6.2 Applied to pay renewal premiums	117								117	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,388								2,388	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,674								3,674	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	3,674								3,674	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts	1,152								1,152	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals	1,152								1,152	
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	23	360,252	(a)			12,189,374			23	12,549,626
21. Issued during year										
22. Other changes to in force (Net)	(1)	5,720				243,559			(1)	249,279
23. In force December 31, current year	22	365,972	(a)			12,432,933			22	12,798,905

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,564	1,564			
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,564	1,564			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: US VIRGIN ISLANDS
DURING THE YEAR 2011



63967201143055100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance	412				5,527				5,939	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	412				5,527				5,939	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	305								305	
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	305								305	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	305								305	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals										
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	2	23,953	(a)			7,760,750			2	7,784,703
21. Issued during year										
22. Other changes to in force (Net)						(2,332,500)				(2,332,500)
23. In force December 31, current year	2	23,953	(a)			5,428,250			2	5,452,203

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: NORTHERN MARIANA ISLANDS
DURING THE YEAR 2011



NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life insurance						1,587				1,587
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				X X X				X X X		
5. Totals (Lines 1 to 4)						1,587				1,587
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals										
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Total paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					No. of Policies					
21. Issued during year			(a)			687,000				687,000
22. Other changes to in force (Net)						(687,000)				(687,000)
23. In force December 31, current year			(a)							

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.



63967201143057100

DIRECT BUSINESS IN THE STATE OF: CANADA
DURING THE YEAR 2011

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	256				43				299	
2. Annuity considerations										
3. Deposit-type contract funds			X X X				X X X			
4. Other considerations										
5. Totals (Lines 1 to 4)	256				43				299	
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life Insurance:										
6.1 Paid in cash or left on deposit	540								540	
6.2 Applied to pay renewal premiums	153								153	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,324								1,324	
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,017								2,017	
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 plus Line 7.4)	2,017								2,017	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident & health										
15. Totals										
DETAILS OF WRITE-INS										
1301.			NONE							
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year					1	7,688			1	7,688
17. Incurred during current year						(7,625)				(7,625)
Settled during current year:										
18.1 By payment in full					1	63			1	63
18.2 By payment on compromised claims										
18.3 Total paid					1	63			1	63
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements					1	63			1	63
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
					No. of Policies					
20. In force December 31, prior year	7	134,590	(a)			60,000			7	194,590
21. Issued during year										
22. Other changes to in force (Net)		2,132				(60,000)				(57,868)
23. In force December 31, current year	7	136,722	(a)						7	136,722

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: OTHER ALIEN
DURING THE YEAR 2011



63967201143058100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	283,232		642,676		925,908
2. Annuity considerations	17,339				17,339
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	300,571		642,676		943,247
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	5,805				5,805
6.2 Applied to pay renewal premiums	2,651				2,651
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	41,369				41,369
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	49,825				49,825
Annuities:					
7.1 Paid in cash or left on deposit	113				113
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	113				113
8. Grand Totals (Lines 6.5 plus Line 7.4)	49,938				49,938
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	88,265		303,832		392,097
10. Matured endowments					
11. Annuity benefits	8,317				8,317
12. Surrender values and withdrawals for life contracts	341,710				341,710
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health					
15. Totals	438,292		303,832		742,124

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	6,106			4	22,030			7	28,136
17. Incurred during current year	6	98,788			4	285,737			10	384,525
Settled during current year:										
18.1 By payment in full	4	88,265			7	303,769			11	392,034
18.2 By payment on compromised claims										
18.3 Total paid	4	88,265			7	303,769			11	392,034
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	88,265			7	303,769			11	392,034
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	16,629			1	3,998			6	20,627
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	582	130,243,788	(a)			487,757,306			582	618,001,094
21. Issued during year										
22. Other changes to in force (Net)	(29)	(331,691)				(26,842,043)			(29)	(27,173,734)
23. In force December 31, current year	553	129,912,097	(a)			460,915,263			553	590,827,360

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	50,899	50,459		8,031	8,050
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,899	50,459		8,031	8,050

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 0.

DIRECT BUSINESS IN THE STATE OF: GRAND TOTAL
DURING THE YEAR 2011



63967201143059100

NAIC Group Code 4712 LIFE INSURANCE NAIC Company Code 63967

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	42,731,720		18,166,480		60,898,200
2. Annuity considerations	3,351,522				3,351,522
3. Deposit-type contract funds		X X X		X X X	
4. Other considerations					
5. Totals (Lines 1 to 4)	46,083,242		18,166,480		64,249,722
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance:					
6.1 Paid in cash or left on deposit	1,376,698				1,376,698
6.2 Applied to pay renewal premiums	278,674				278,674
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,008,518				5,008,518
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,663,890				6,663,890
Annuities:					
7.1 Paid in cash or left on deposit	3,526				3,526
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	3,526				3,526
8. Grand Totals (Lines 6.5 plus Line 7.4)	6,667,416				6,667,416
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	28,271,208		12,969,983		41,241,191
10. Matured endowments	171,187				171,187
11. Annuity benefits	6,547,714				6,547,714
12. Surrender values and withdrawals for life contracts	15,633,197				15,633,197
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident & health	224,184				224,184
15. Totals	50,847,490		12,969,983		63,817,473

DETAILS OF WRITE-INS					
1301.		NONE			
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	209	3,090,219			138	2,675,247			347	5,765,466
17. Incurred during current year	1,780	28,265,708			623	12,924,697			2,403	41,190,405
Settled during current year:										
18.1 By payment in full	1,762	28,442,395			651	12,969,983			2,413	41,412,378
18.2 By payment on compromised claims										
18.3 Total paid	1,762	28,442,395			651	12,969,983			2,413	41,412,378
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,762	28,442,395			651	12,969,983			2,413	41,412,378
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	227	2,913,532			110	2,629,961			337	5,543,493
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	79,876	4,291,549,977	(a)		2	10,441,960,68			79,878	14,733,510,659
21. Issued during year	5,129	263,094,096							5,129	263,094,096
22. Other changes to in force (Net)	(6,053)	(252,611,259)				(419,299,247)			(6,053)	(671,910,506)
23. In force December 31, current year	78,952	4,302,032,814	(a)		2	10,022,661,43			78,954	14,324,694,249

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,328,561	1,319,555		1,024,297	1,026,797
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,557,391	11,789,303		7,212,802	8,330,955
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	222	222		532	532
25.6 Totals (sum of Lines 25.1 to 25.5)	12,557,613	11,789,525		7,213,334	8,331,487
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,886,174	13,109,080		8,237,631	9,358,284

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0
and number of persons insured under indemnity only products 43.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	5,684,432
2. Current year's realized pre-tax capital gains/(losses) of \$ 1,687,883 transferred into the reserve net of taxes of \$ 573,880	1,114,003
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	6,798,435
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,176,496
6. Reserve as of December 31, current year (Line 4 minus Line 5)	5,621,939

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2011	1,104,299	72,197		1,176,496
2. 2012	693,627	139,050		832,677
3. 2013	560,062	123,534		683,596
4. 2014	472,125	107,436		579,561
5. 2015	409,324	90,768		500,092
6. 2016	360,011	73,003		433,014
7. 2017	324,631	62,982		387,613
8. 2018	281,648	60,816		342,464
9. 2019	233,837	57,885		291,722
10. 2020	185,608	55,991		241,599
11. 2021	161,226	53,149		214,375
12. 2022	150,542	48,511		199,053
13. 2023	133,169	42,098		175,267
14. 2024	119,042	35,273		154,315
15. 2025	105,890	28,241		134,131
16. 2026	85,417	20,380		105,797
17. 2027	65,973	14,785		80,758
18. 2028	50,046	11,870		61,916
19. 2029	39,112	8,746		47,858
20. 2030	31,205	5,414		36,619
21. 2031	24,726	1,874		26,600
22. 2032	19,571			19,571
23. 2033	17,057			17,057
24. 2034	14,972			14,972
25. 2035	13,185			13,185
26. 2036	10,988			10,988
27. 2037	8,207			8,207
28. 2038	5,306			5,306
29. 2039	2,824			2,824
30. 2040	797			797
31. 2041 and Later				
32. Total (Lines 1 to 31)	5,684,427	1,114,003		6,798,430

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	3,124,609	9,058,288	12,182,897	611,419	883,049	1,494,468	13,677,365
2. Realized capital gains/(losses) net of taxes-General Account	(103,421)		(103,421)	1,011	(658,137)	(657,126)	(760,547)
3. Realized capital gains/(losses) net of taxes-Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account	(86,678)	(217,800)	(304,478)	(262,757)		(262,757)	(567,235)
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	559,725	3,025,932	3,585,657				3,585,657
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,494,235	11,866,420	15,360,655	349,673	224,912	574,585	15,935,240
9. Maximum reserve	2,891,953	9,161,207	12,053,160	410,073	1,297,360	1,707,433	13,760,593
10. Reserve objective	2,053,951	5,781,838	7,835,789	408,473	1,297,360	1,705,833	9,541,622
11. 20% of (Line 10 - Line 8)	(288,057)	(1,216,916)	(1,504,973)	11,760	214,490	226,250	(1,278,723)
12. Balance before transfers (Lines 8 + 11)	3,206,178	10,649,504	13,855,682	361,433	439,402	800,835	14,656,517
13. Transfers	(314,226)	(592,373)	(906,599)	48,641	857,958	906,599	X X X
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero		(895,923)	(895,923)				(895,923)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	2,891,952	9,161,208	12,053,160	410,074	1,297,360	1,707,434	13,760,594

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt Obligations	58,007,264	X X X	X X X	58,007,264	0.0000		0.0000		0.0000	
2	1	Highest Quality	364,077,269	X X X	X X X	364,077,269	0.0004	145,631	0.0023	837,378	0.0030	1,092,232
3	2	High Quality	107,980,091	X X X	X X X	107,980,091	0.0019	205,162	0.0058	626,285	0.0090	971,821
4	3	Medium Quality	3,738,361	X X X	X X X	3,738,361	0.0093	34,767	0.0230	85,982	0.0340	127,104
5	4	Low Quality	5,826,173	X X X	X X X	5,826,173	0.0213	124,097	0.0530	308,787	0.0750	436,963
6	5	Lower Quality	888,083	X X X	X X X	888,083	0.0432	38,365	0.1100	97,689	0.1700	150,974
7	6	In or Near Default	332,324	X X X	X X X	332,324	0.0000		0.2000	66,465	0.2000	66,465
8		Total Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
9		Total Bonds (Sum of Lines 1 through 8)	540,849,565	X X X	X X X	540,849,565	X X X	548,022	X X X	2,022,586	X X X	2,845,559
		PREFERRED STOCKS										
10	1	Highest Quality	1,000,000	X X X	X X X	1,000,000	0.0004	400	0.0023	2,300	0.0030	3,000
11	2	High Quality	1,007,500	X X X	X X X	1,007,500	0.0019	1,914	0.0058	5,844	0.0090	9,068
12	3	Medium Quality	1,009,600	X X X	X X X	1,009,600	0.0093	9,389	0.0230	23,221	0.0340	34,326
13	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
14	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
15	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
16		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)	3,017,100	X X X	X X X	3,017,100	X X X	11,703	X X X	31,365	X X X	46,394
		SHORT-TERM BONDS										
18		Exempt Obligations	11,794,233	X X X	X X X	11,794,233	0.0000		0.0000		0.0000	
19	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
20	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
21	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
22	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
23	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
24	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
25		Total Short-term Bonds (Sum of Lines 18 through 24)	11,794,233	X X X	X X X	11,794,233	X X X		X X X		X X X	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		X X X	X X X		0.0004		0.0023		0.0030	
27	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
28	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
29	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
30	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
31	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
32	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
33		Total Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34		TOTAL (Lines 9 + 17 + 25 + 33)	555,660,898	X X X	X X X	555,660,898	X X X	559,725	X X X	2,053,951	X X X	2,891,953
MORTGAGE LOANS												
In Good Standing:												
35		Farm Mortgages			X X X		0.0221 (a)		0.0420 (a)		0.0665 (a)	
36		Residential Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
37		Residential Mortgages-All Other			X X X		0.0013		0.0030		0.0040	
38		Commercial Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
39		Commercial Mortgages-All Other	132,417,050		X X X	132,417,050	0.0221 (a)	2,926,417	0.0420 (a)	5,561,516	0.0665 (a)	8,805,734
40		In Good Standing With Restructured Terms	2,241,320		X X X	2,241,320	0.0444 (b)	99,515	0.0983 (b)	220,322	0.1586 (b)	355,473
Overdue, Not in Process:												
41		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
42		Residential Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
43		Residential Mortgages-All Other			X X X		0.0025		0.0058		0.0090	
44		Commercial Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
45		Commercial Mortgages-All Other			X X X		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
46		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
47		Residential Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
48		Residential Mortgages-All Other			X X X		0.0000		0.0130		0.0130	
49		Commercial Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
50		Commercial Mortgages-All Other			X X X		0.0000		0.1700		0.1700	
51		Total Schedule B Mortgages (Sum of Lines 35 through 50) (Page 2, Line 3, Net Admitted Asset)	134,658,370		X X X	134,658,370	X X X	3,025,932	X X X	5,781,838	X X X	9,161,207
52		Schedule DA Mortgages			X X X		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Lines 51 + 52)	134,658,370		X X X	134,658,370	X X X	3,025,932	X X X	5,781,838	X X X	9,161,207

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(a) Times the company's Experience Adjustment Factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
32		COMMON STOCK										
	1	Unaffiliated Public	2,328,201	X X X	X X X	2,328,201	0.0000		0.1743 (d)	405,805	0.1743 (d)	405,805
	2	Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
	3	Federal Home Loan Bank	533,500	X X X	X X X	533,500	0.0000		0.0050	2,668	0.0080	4,268
	4	Affiliated Life with AVR	1,858,688	X X X	X X X	1,858,688	0.0000		0.0000		0.0000	
		Affiliated Investment Subsidiary:										
	5	Fixed Income Exempt Obligations					X X X		X X X		X X X	
	6	Fixed Income Highest Quality					X X X		X X X		X X X	
	7	Fixed Income High Quality					X X X		X X X		X X X	
	8	Fixed Income Medium Quality					X X X		X X X		X X X	
	9	Fixed Income Low Quality					X X X		X X X		X X X	
	10	Fixed Income Lower Quality					X X X		X X X		X X X	
	11	Fixed Income In or Near Default					X X X		X X X		X X X	
	12	Unaffiliated Common Stock Public					0.0000		(d)		(d)	
	13	Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
	14	Mortgage Loans					(c)		(c)		(c)	
	15	Real Estate					(e)		(e)		(e)	
	16	Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
	17	Affiliated-All Other		X X X	X X X		0.0000		0.1600		0.1600	
	18	Total Common Stock (Sum of Lines 1 through 17)	4,720,389			4,720,389	X X X		X X X	408,473	X X X	410,073
		REAL ESTATE										
	19	Home Office Property (General Account only)	6,888,227			6,888,227	0.0000		0.0750	516,617	0.0750	516,617
	20	Investment Properties	2,450,585			2,450,585	0.0000		0.0750	183,794	0.0750	183,794
	21	Properties Acquired in Satisfaction of Debt	5,426,812			5,426,812	0.0000		0.1100	596,949	0.1100	596,949
	22	Total Real Estate (Sum of Lines 19 through 21)	14,765,624			14,765,624	X X X		X X X	1,297,360	X X X	1,297,360
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING										
		CHARACTERISTICS OF BONDS										
	23	Exempt Obligations		X X X	X X X		0.0000		0.0000		0.0000	
	24	1 Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
	25	2 High Quality		X X X	X		0.0019		0.0058		0.0090	
	26	3 Medium Quality		X X X	X		0.0093		0.0230		0.0340	
	27	4 Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
	28	5 Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
	29	6 In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
	30	Total with Bond Characteristics (Sum of Lines 23 through 29)		X X X	X X X		X X X		X X X		X X X	

NONE

ASSET VALUATION RESERVE (continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
32	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
33	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
34	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
35	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
36	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
37		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
38		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)		X X X	X X X		X X X		X X X		X X X	
33		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm Mortgages			X X X		(a)		(a)		(a)	
40		Residential Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
41		Residential Mortgages-All Other		X X X	X X X		0.0013		0.0030		0.0040	
42		Commercial Mortgages-Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
43		Commercial Mortgages-All Other			X X X		(a)		(a)		(a)	
44		In Good Standing With Restructured Terms			X X X		(b)		(b)		(b)	
		Overdue, Not in Process:										
45		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
46		Residential Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
47		Residential Mortgages-All Other			X X X		0.0025		0.0058		0.0090	
48		Commercial Mortgages-Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
49		Commercial Mortgages-All Other			X X X		0.0420		0.0760		0.1200	
		In Process of Foreclosure:										
50		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
51		Residential Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
52		Residential Mortgages-All Other			X X X		0.0000		0.0130		0.0130	
53		Commercial Mortgages-Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
54		Commercial Mortgages-All Other			X X X		0.0000		0.1700		0.1700	
55		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)			X X X		X X X		X X X		X X X	

ASSET VALUATION RESERVE (continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
56		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
57		Unaffiliated Public		X X X	X X X	NONE	0.0000		(d)		(d)	
58		Unaffiliated Private		X X X	X		0.0000		0.1600		0.1600	
59		Affiliated Life with AVR		X X X	X		0.0000		0.0000		0.0000	
60		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
61		Affiliated Other-All Other		X X X	X X X		0.0000		0.1600		0.1600	
61		Total with Common Stock Characteristics (Sum of Lines 56 through 60)		X X X	X X X		X X X		X X X		X X X	
62		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
63		Home Office Property (General Account only)				NONE	0.0000		0.0750		0.0750	
64		Investment Properties					0.0000		0.0750		0.0750	
65		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
65		Total with Real Estate Characteristics (Sum of Lines 62 through 64)					X X X		X X X		X X X	
66		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
67		Guaranteed Federal Low Income Housing Tax Credit				NONE	0.0003		0.0006		0.0010	
68		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
69		State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70		Total LIHTC					X X X		X X X		X X X	
71		ALL OTHER INVESTMENTS										
72		Other Invested Assets-Schedule BA		X X X		NONE	0.0000		0.1300		0.1300	
73		Other Short-term Invested Assets-Schedule DA		X X X			0.0000		0.1300		0.1300	
74		Total All Other (Lines 71 + 72)		X X X			X X X		X X X		X X X	
74		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70, and 73)					X X X		X X X		X X X	

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
				NONE				
0599999 Total								

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

[illegible]

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 – ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	2,729,886	X X X	1,355,143	X X X		X X X		X X X		X X X	1,374,521	X X X		X X X		X X X	222	X X X
2. Premiums earned	2,694,667	X X X	1,353,996	X X X		X X X		X X X		X X X	1,340,449	X X X		X X X		X X X	222	X X X
3. Incurred claims	1,974,835	73.3	1,143,645	84.5							833,096	62.2					(1,906)	(858.6)
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,974,835	73.3	1,143,645	84.5							833,096	62.2					(1,906)	(858.6)
6. Increase in contract reserves	(21,950)	(0.8)	(21,950)	(1.6)														
7. Commissions (a)	(1,034,543)	(38.4)	19,236	1.4							(1,053,783)	(78.6)					4	1.8
8. Other general insurance expenses	1,668,174	61.9	253,444	18.7							1,414,730	105.5						
9. Taxes, licenses and fees	56,559	2.1	26,117	1.9							30,442	2.3						
10. Total other expenses incurred	690,190	25.6	298,797	22.1							391,389	29.2					4	1.8
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	51,592	1.9	(66,496)	(4.9)							115,964	8.7					2,124	956.8
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	51,592	1.9	(66,496)	(4.9)							115,964	8.7					2,124	956.8

DETAILS OF WRITE-IN LINES																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)																		

NONE

(a) Includes \$ 0 reported as 'Contract, membership and other fees retained by agents.'

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	73,581	13,870				59,695			16
2. Advance premiums	81,072					81,072			
3. Reserve for rate credits									
4. Total premium reserves, current year	154,653	13,870				140,767			16
5. Total premium reserves, prior year	76,708	12,724				63,968			16
6. Increase in total premium reserves	77,945	1,146				76,799			
B. Contract Reserves:									
1. Additional reserves (a)	333,104	333,104							
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	333,104	333,104							
4. Total contract reserves, prior year	355,054	355,054							
5. Increase in contract reserves	(21,950)	(21,950)							
C. Claim Reserves and Liabilities:									
1. Total current year	1,129,723	992,077				137,646			
2. Total prior year	1,019,641	991,373				25,830			2,438
3. Increase	110,082	704				111,816			(2,438)
PART 3 – TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	396,816	371,668				24,616			532
1.2 On claims incurred during current year	1,467,935	771,272				696,663			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	598,837	598,713				124			
2.2 On claims incurred during current year	530,890	393,368				137,522			
3. Test:									
3.1 Lines 1.1 and 2.1	995,653	970,381				24,740			532
3.2 Claim reserves and liabilities, December 31, prior year	1,019,641	991,373				25,830			2,438
3.3 Line 3.1 minus Line 3.2	(23,988)	(20,992)				(1,090)			(1,906)
PART 4 – REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	42,488	42,488							
2. Premiums earned	44,078	44,078							
3. Incurred claims	118,723	118,723							
4. Commissions	20,258	20,258							
B. Reinsurance Ceded:									
1. Premiums written	11,151,676	11,535				11,140,141			
2. Premiums earned	10,452,279	3,327				10,448,952			
3. Incurred claims	7,497,860					7,497,860			
4. Commissions	3,865,551	2,417				3,863,134			

(a) Includes \$ 0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred Claims			9,353,971	9,353,971
2. Beginning Claim Reserves and Liabilities			604,878	604,878
3. Ending Claim Reserves and Liabilities			1,721,222	1,721,222
4. Claims Paid			8,237,627	8,237,627
B. Assumed Reinsurance:				
5. Incurred Claims			118,723	118,723
6. Beginning Claim Reserves and Liabilities			647,235	647,235
7. Ending Claim Reserves and Liabilities			647,314	647,314
8. Claims Paid			118,644	118,644
C. Ceded Reinsurance:				
9. Incurred Claims			7,497,860	7,497,860
10. Beginning Claim Reserves and Liabilities			232,472	232,472
11. Ending Claim Reserves and Liabilities			1,238,813	1,238,813
12. Claims Paid			6,491,519	6,491,519
D. Net:				
13. Incurred Claims			1,974,834	1,974,834
14. Beginning Claim Reserves and Liabilities			1,019,641	1,019,641
15. Ending Claim Reserves and Liabilities			1,129,723	1,129,723
16. Claims Paid			1,864,752	1,864,752
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			1,974,834	1,974,834
18. Beginning Reserves and Liabilities			1,019,641	1,019,641
19. Ending Reserves and Liabilities			1,129,723	1,129,723
20. Paid Claims and Cost Containment Expenses			1,864,752	1,864,752

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year.

[illegible]

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company
as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
82627	06-0839705	05/01/1981	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	49,357,425	292,113	282,188	380,115				
82627	06-0839705	04/01/1977	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	175,000	608	1,093					
82627	06-0839705	04/01/1997	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	100,702,913	438,029	425,420	432,420				
82627	06-0839705	03/15/2002	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	470,544,981	10,911,534	10,093,823	1,306,433				
82627	06-0839705	01/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	CO/I	106,584,778	1,007,084	529,047	384,647				
82627	06-0839705	01/01/2004	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	197,006,026	618,779	610,349	659,064				
82627	06-0839705	11/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	213,059,223	549,571	338,520	328,840				
82627	06-0839705	09/01/2008	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	17,143,342	12,873	17,372	23,801				
65676	35-0472300	09/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	71,844,999	440,035	433,060	489,867				
65676	35-0472300	06/01/1981	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	4,600,647	53,944	52,617	21,332				
65676	35-0472300	06/01/1995	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	5,776,179	156,020	152,115	13,544				
65676	35-0472300	12/03/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	8,731,763	176,650	170,152	19,384				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	2,182,652	11,193	10,759	13,786				
65676	35-0472300	01/01/1994	Lincoln National Life Insurance Company	Fort Wayne, Indiana	CO/I	1,728,621	21,150	19,287	7,665				
65676	35-0472300	07/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				41,185				
65676	35-0472300	08/01/1998	Lincoln National Life Insurance Company	Fort Wayne, Indiana	ADB/I				15,111				
65676	35-0472300	10/01/2001	Lincoln National Life Insurance Company	Fort Wayne, Indiana	YRT/I	60,567	15,263	17,263					
90670	43-1178580	05/01/1984	Scottish Re Life Corporation	Wilmington, Delaware	YRT/I	4,930,220	46,494	44,944	67,852				
90670	43-1178580	09/01/1981	Scottish Re Life Corporation	Wilmington, Delaware	CO/I	5,070,201	48,592	47,072	43,192				
82627	06-0839705	06/01/1986	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	4,356	218	199					
82627	06-0839705	01/01/1994	Swiss Re Life & Health America, Inc	Armonk, New York	YRT/I	156,314	1,166	1,056					
86258	13-2572994	04/01/1987	General Re Life Corporation	Stamford, Connecticut	YRT/I	100,000	278	257	(1,251)				
86258	13-2572994	07/01/2000	General Re Life Corporation	Stamford, Connecticut	CO/I	2,085,000	24,423	32,810	6,587				
60895	35-0145825	01/01/1993	American United Life	Wilmington, Delaware	YRT/I	2,151,990	34,503	33,943	44,928				
88099	75-1608507	07/01/1984	Optimum Re Insurance Company	Dallas, Texas	YRT/I	3,860,852	94,912	90,543	97,669				
88099	75-1608507	12/01/2003	Optimum Re Insurance Company	Dallas, Texas	CO/I	1,300,000	3,261	2,996	421				
88099	75-1608507	07/01/1998	Optimum Re Insurance Company	Dallas, Texas	YRT/I	1,800,768	18,958	17,645	28,404				
88099	75-1608507	11/01/1998	Optimum Re Insurance Company	Dallas, Texas	CO/I	2,742,985	31,587	34,668	18,434				
88099	75-1608507	08/15/1999	Optimum Re Insurance Company	Dallas, Texas	CO/I	4,095,284	215,334	189,208	26,573				
88099	75-1608507	09/01/2011	Optimum Re Insurance Company	Dallas, Texas	YRT/I	337,051	950						
93572	43-1235868	11/01/1994	RGA Reinsurance Company	Chesterfield, Missouri	YRT/I	3,566,223	17,778	19,114	22,433				
65676	35-0472300	03/02/1987	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/I				12,000				
65676	35-0472300	01/01/2003	Lincoln National Life Insurance Company (SPRA)	Fort Wayne, Indiana	CAT/G				12,000				
86231	39-0989781	06/01/1971	Transamerica Life Insurance Company	Cedar Rapids, Iowa	YRT/I	17,626	330	1,379	605				
86231	39-0989781	01/01/1994	Transamerica Life Insurance Company	Cedar Rapids, Iowa	CO/I	1,130,000	11,690	11,360	(3,218)				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	YRT/I	2,956,268	16,956	14,178	20,032				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	CO/I	106,716,135	1,235,958	1,246,775	264,396				
61689	42-0175020	01/01/1998	Aviva Life and Annuity Company	Des Moines, Iowa	DIS/I		18,524	21,564					

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
60009	72-1267013	05/01/1997	Southern National Life Insurance Company	1,712			1,712									
0499999	General Account Life and Annuity – Non-Affiliates - U.S. Non-Affiliates			1,712			1,712		X X X	X X X	X X X					
0699999	Total Non-Affiliates			1,712			1,712		X X X	X X X	X X X					
0799999	Total Life and Annuity			1,712			1,712		X X X	X X X	X X X					
2399999	Total U.S.			1,712			1,712		X X X	X X X	X X X					
2599999	Total			1,712			1,712		X X X	X X X	X X X					

45

(a)

[illegible]

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1	2	3	4	5
	2011	2010	2009	2008	2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	29,956	21,638	17,654	18,133	20,164
2. Commissions and reinsurance expense allowances	9,200	5,658	4,531	4,384	4,707
3. Contract claims	19,545	14,311	10,744	13,133	14,780
4. Surrender benefits and withdrawals for life contracts	25				
5. Dividends to policyholders		1	1	1	1
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts	1,601	1,161	1,346	1,331	970
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	3,214	2,428	2,811	2,417	2,616
9. Aggregate reserves for life and accident and health contracts	17,254	15,653	14,492	13,010	11,679
10. Liability for deposit-type contracts	20,060	18,310	17,848	15,386	13,515
11. Contract claims unpaid	4,618	3,212	3,654	4,312	4,215
12. Amounts recoverable on reinsurance	1,060	1,559	1,248	1,128	2,262
13. Experience rating refunds due or unpaid	21	777	354	748	553
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances unpaid	795	768	667	631	716
16. Unauthorized reinsurance offset	2	2	2	2	2
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)					
18. Letters of credit (L)					
19. Trust agreements (T)					
20. Other (O)					

SCHEDULE S – PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	800,237,492		800,237,492
2. Reinsurance (Line 16)	2,362,913	(10,280,969)	(7,918,056)
3. Premiums and considerations (Line 15)	9,158,614	3,214,367	12,372,981
4. Net credit for ceded reinsurance	X X X	47,601,723	47,601,723
5. All other admitted assets (balance)	22,367,209		22,367,209
6. Total assets excluding Separate Accounts (Line 26)	834,126,228	40,535,121	874,661,349
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	834,126,228	40,535,121	874,661,349
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	619,306,186	17,253,835	636,560,021
10. Liability for deposit-type contracts (Line 3)	62,642,582	20,060,355	82,702,937
11. Claim reserves (Line 4)	7,166,447	4,617,529	11,783,976
12. Policyholder dividends/reserves (Lines 5 through 7)	6,609,225		6,609,225
13. Premium & annuity considerations received in advance (Line 8)	161,268		161,268
14. Other contract liabilities (Line 9)	7,071,923	(1,394,886)	5,677,037
15. Reinsurance in unauthorized companies (Line 24.2)	1,712	(1,712)	
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			
17. All other liabilities (balance)	34,172,105		34,172,105
18. Total liabilities excluding Separate Accounts (Line 26)	737,131,448	40,535,121	777,666,569
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)	737,131,448	40,535,121	777,666,569
21. Capital & surplus (Line 38)	96,994,780	X X X	96,994,780
22. Total liabilities, capital & surplus (Line 39)	834,126,228	40,535,121	874,661,349
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	17,253,835		
24. Claim reserves	4,617,529		
25. Policyholder dividends/reserves			
26. Premium & annuity considerations received in advance			
27. Liability for deposit-type contracts	20,060,355		
28. Other contract liabilities	(1,394,886)		
29. Reinsurance ceded assets	10,280,969		
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables	50,817,802		
32. Premiums and considerations	3,214,367		
33. Reinsurance in unauthorized companies	1,712		
34. Funds held under reinsurance treaties with unauthorized reinsurers			
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets	3,216,079		
37. Total net credit for ceded reinsurance	47,601,723		

SCHEDULE T - PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama AL	1,849,828	1,925				1,851,753
2.	Alaska AK	183,535					183,535
3.	Arizona AZ	1,142,366					1,142,366
4.	Arkansas AR	1,053,951	202,379				1,256,330
5.	California CA	5,799,580	64,782				5,864,362
6.	Colorado CO	1,200,637	101,954				1,302,591
7.	Connecticut CT	316,456	19,440				335,896
8.	Delaware DE	112,563					112,563
9.	District of Columbia DC	228,191					228,191
10.	Florida FL	5,495,903	79,050				5,574,953
11.	Georgia GA	3,797,209	19,297				3,816,506
12.	Hawaii HI	873,521	1,746				875,267
13.	Idaho ID	192,513					192,513
14.	Illinois IL	1,325,628	881				1,326,509
15.	Indiana IN	691,788	299				692,087
16.	Iowa IA	165,401	224				165,625
17.	Kansas KS	456,519	4,600				461,119
18.	Kentucky KY	765,756	2,300				768,056
19.	Louisiana LA	1,536,059	196,632				1,732,691
20.	Maine ME	135,323					135,323
21.	Maryland MD	1,155,253	2,300				1,157,553
22.	Massachusetts MA	503,769	303,700				807,469
23.	Michigan MI	795,076	87				795,163
24.	Minnesota MN	193,278					193,278
25.	Mississippi MS	686,972	11,858				698,830
26.	Missouri MO	614,107	2,550				616,657
27.	Montana MT	71,144					71,144
28.	Nebraska NE	173,949					173,949
29.	Nevada NV	490,109	1,970				492,079
30.	New Hampshire NH	215,753	86,074				301,827
31.	New Jersey NJ	230,731					230,731
32.	New Mexico NM	786,361					786,361
33.	New York NY	393,897					393,897
34.	North Carolina NC	3,248,148	289,890				3,538,038
35.	North Dakota ND	69,478					69,478
36.	Ohio OH	1,502,668	48,496				1,551,164
37.	Oklahoma OK	1,347,586	731,790				2,079,376
38.	Oregon OR	247,506	1,665				249,171
39.	Pennsylvania PA	862,532	1,700				864,232
40.	Rhode Island RI	365,247					365,247
41.	South Carolina SC	1,624,700	8,682				1,633,382
42.	South Dakota SD	128,082					128,082
43.	Tennessee TN	2,079,588	357,120				2,436,708
44.	Texas TX	7,937,559	679,326	222			8,617,107
45.	Utah UT	385,158	500				385,658
46.	Vermont VT	132,764	4,000				136,764
47.	Virginia VA	4,084,341	55,736				4,140,077
48.	Washington WA	1,380,517	5,200				1,385,717
49.	West Virginia WV	361,130	24				361,154
50.	Wisconsin WI	283,733	14				283,747
51.	Wyoming WY	118,177	45,992				164,169
52.	American Samoa AS	1,708					1,708
53.	Guam GU	140,966					140,966
54.	Puerto Rico PR	29,755					29,755
55.	U.S. Virgin Islands VI	5,939					5,939
56.	Northern Mariana Islands MP	1,587					1,587
57.	Canada CN	299					299
58.	Aggregate Other Alien OT	925,908	17,339				943,247
59.	Totals	60,898,202	3,351,522	222			64,249,946

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
4712	GPM Life Group	63967	74-0651020				GPM Life	TEXAS	UDP	Policyholders	Mutual Life Insurance Company		Policyholders	1
4712	GPM Life Group	99546	75-2446017				Texas Directors Life Insurance Company	TEXAS	DS	GPM Life	Ownership	100.0	GPM Life	

Asterik	Explanation
1	GPM is a Mutual Life Insurance Company owned by its policyholders

NONE Schedule Y - Part 2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Cerifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guidelines XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certifications regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	YES
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operation by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

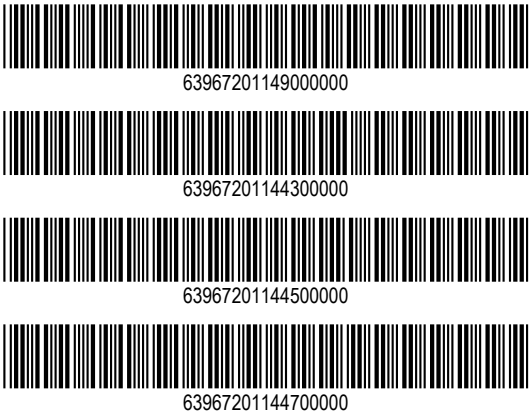
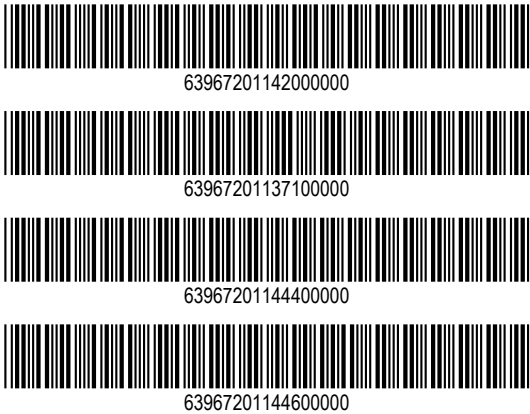
AUGUST FILING

48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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Explanation:

#39. Government Personnel Mutual Life Insurance Company is not required to meet the requirements for Audit Committee.

Bar Code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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63967201145100000



63967201145300000



63967201143700000



63967201143900000



63967201136500000



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63967201130600000



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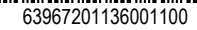
63967201122600000



63967201123000000



63967201121700000



FOR THE STATE OF ALABAMA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

AL

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136002000

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF ALASKA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

AK

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
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- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

63967201136003100

Telephone Number 210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
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 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF ARKANSAS

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	10/12/2010				Medicare Supplement					29,087	17,207	59.20	32
YES	MTP25	G	NO	34	10/12/2010				Medicare Supplement					6,178	3,383	54.80	16
YES	MTP31	N	NO	34	10/12/2010				Medicare Supplement					3,265	2,616	80.10	6
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														38,530	23,206	60.20	54
AR																	

GENERAL INTERROGATORIES

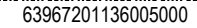
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF CALIFORNIA

Title Controller Telephone Number 210-357-2277

CA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201136006100

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
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 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201136007100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF CONNECTICUT

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF DISTRICT OF COLUMBIA

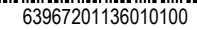
NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

DC

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

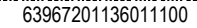


FOR THE STATE OF FLORIDA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

FL

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF GEORGIA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

GA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF HAWAII

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

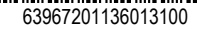


63967201136012000

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF IDAHO

Title Controller Telephone Number 210-357-2277

ID

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201136014100

Telephone Number 210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136015100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF INDIANA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	12/03/2010				Medicare Supplement					6,526	1,420	21.80	24
YES	MTP25	G	NO	34	12/03/2010				Medicare Supplement					4,143	2,263	54.60	20
YES	MTP31	N	NO	34	12/03/2010				Medicare Supplement					1,936	66	3.40	5
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														12,605	3,749	29.70	49
NI																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136017100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF KANSAS

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/17/2010				Medicare Supplement					11,393	5,688	49.90	10
YES	MTP25	G	NO	34	03/17/2010				Medicare Supplement					14,382	9,327	64.90	26
YES	MTP31	N	NO	34	03/17/2010				Medicare Supplement					942	324	34.40	2
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														26,717	15,339	57.40	38
KS																	

GENERAL INTERROGATORIES

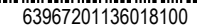
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

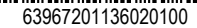


FOR THE STATE OF KENTUCKY

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

KY

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

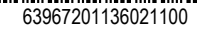


FOR THE STATE OF MAINE

Title Controller Telephone Number 210-357-2277

ME

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF MARYLAND

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

MID

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF MASSACHUSETTS

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

MA

GENERAL INTERROGATORIES

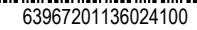
- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

63967201136023100

Telephone Number 210-357-2277

[illegible]

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF MINNESOTA

Title Controller Telephone Number 210-357-2277

MIN

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201136025100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

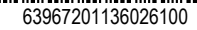
FOR THE STATE OF MISSISSIPPI

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF MISSOURI

Title Controller Telephone Number 210-357-2277

MO

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136027000

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF MONTANA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
MT									NONE								

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136028100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NEBRASKA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/09/2010				Medicare Supplement					326,591	287,181	87.90	254
YES	MTP25	G	NO	34	03/09/2010				Medicare Supplement					37,786	25,210	66.70	37
YES	MTP31	N	NO	34	03/09/2010				Medicare Supplement					16,008	10,237	63.90	14
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														380,385	322,628	84.80	305
NE																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NEVADA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277



63967201136029000

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
HN									NONE								

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136032000

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NEW MEXICO

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

MM

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136033000

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NEW YORK

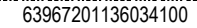
NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

NY

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF NORTH CAROLINA

Title Controller Telephone Number 210-357-2277

NC

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF NORTH DAKOTA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP25	G	NO	34	12/30/2010				Medicare Supplement					117			1
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														117			1
NO																	

GENERAL INTERROGATORIES

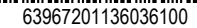
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF OHIO

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

HO

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136038100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF OREGON

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	10/04/2010				Medicare Supplement					7,764	3,320	42.80	13
YES	MTP25	G	NO	34	10/04/2010				Medicare Supplement					677	1,767	261.00	9
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														8,441	5,087	60.30	22
OR																	

GENERAL INTERROGATORIES

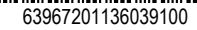
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

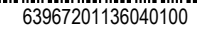


FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

PA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

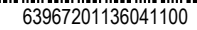


FOR THE STATE OF RHODE ISLAND

Title Controller Telephone Number 210-357-2277

R

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF SOUTH CAROLINA

Title Controller Telephone Number 210-357-2277

SC

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

63967201136042100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

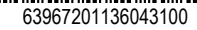
FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

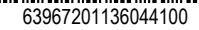


FOR THE STATE OF TENNESSEE

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

IN

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

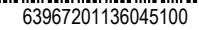


FOR THE STATE OF TEXAS

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

TX

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

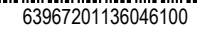


FOR THE STATE OF UTAH

Title Controller Telephone Number 210-357-2277

U

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

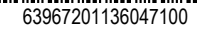


FOR THE STATE OF VERMONT

Title Controller Telephone Number 210-357-2277

VT

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF VIRGINIA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

VA

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



63967201136048100

For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF WASHINGTON

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MTP24	F	NO	34	03/24/2010				Medicare Supplement					38,193	12,934	33.90	42
YES	MTP25	G	NO	34	03/24/2010				Medicare Supplement					22,973	15,440	67.20	30
YES	MTP31	N	NO	34	03/24/2010				Medicare Supplement					1,541	2,740	177.80	2
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES														62,707	31,114	49.60	74
WA																	

GENERAL INTERROGATORIES

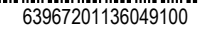
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: Mutual of Omaha Plaza Omaha NE 68175

2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: Mutual of Omaha Plaza Omaha NE 68175

3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

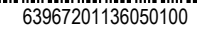


FOR THE STATE OF WEST VIRGINIA

Title Controller Telephone Number 210-357-2277

W

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

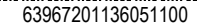


FOR THE STATE OF WISCONSIN

Title Controller Telephone Number 210-357-2277

WI

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF WYOMING

Title Controller Telephone Number 210-357-2277

Why

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

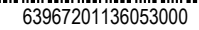
FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
AS									NONE								

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF GUAM

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

GU

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

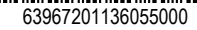
FOR THE STATE OF PUERTO RICO

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
PR									NONE								

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

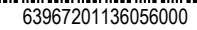


FOR THE STATE OF US VIRGIN ISLANDS

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

VI

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'



FOR THE STATE OF NORTHERN MARIANA ISLANDS

NAIC Group Code	4712	NAIC Company Code	63967
Address (City, State and Zip Code)	San Antonio, TX 78217		
Person Completing This Exhibit	Maureen Greenup		
Title	Controller	Telephone Number	210-357-2277

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
4. Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF CANADA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
CN									NONE								

- GENERAL INTERROGATORIES
- If response in Column 1 is no, give full and complete details
 - Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: Mutual of Omaha Plaza Omaha NE 68175
 - Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: Mutual of Omaha Plaza Omaha NE 68175
 - Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
 - Explain any policies identified above as policy type 'O'

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For The Year Ended December 31, 2011
(To Be Filed By March 1)

FOR THE STATE OF OTHER ALIEN

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristic	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
									NONE								

10

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201146500100

SCHEDULE O SUPPLEMENT
For The Year Ended December 31, 2011
(To Be Filed By March 1)

Of The Government Personnel Mutual Life Insurance Company Insurance Company
Address (City, State, Zip Code) 2211 NE Loop 410, San Antonio, Texas 78217
NAIC Group Code 4712 NAIC Company Code 63967 Employer's ID Number 74-0651020

SUPPLEMENTAL SCHEDULE O - PART 1
Development of Incurred Losses
(\$000 OMITTED)
Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011 (a)
1. Prior	348	58	20	11	27
2. 2007	784	353	39	13	8
3. 2008	X X X	797	334	29	15
4. 2009	X X X	X X X	852	268	36
5. 2010	X X X	X X X	X X X	822	285
6. 2011	X X X	X X X	X X X	X X X	771

Section B - Other Accident and Health

1. Prior	3				
2. 2007	2				
3. 2008	X X X	2	1		
4. 2009	X X X	X X X	2	4	
5. 2010	X X X	X X X	X X X	56	25
6. 2011	X X X	X X X	X X X	X X X	697

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	X X X				
4. 2009	X X X	X X X			
5. 2010	X X X	X X X	X X X		
6. 2011	X X X	X X X	X X X	X X X	

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 2
Development of Incurred Losses
(\$000 OMITTED)
Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior					
2. 2007					
3. 2008	X X X				
4. 2009	X X X	X X X			
5. 2010	X X X	X X X	X X X		
6. 2011	X X X	X X X	X X X	X X X	

Section B - Other Accident and Health

1. Prior					
2. 2007					
3. 2008	X X X				
4. 2009	X X X	X X X			
5. 2010	X X X	X X X	X X X		
6. 2011	X X X	X X X	X X X	X X X	

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	X X X				
4. 2009	X X X	X X X			
5. 2010	X X X	X X X	X X X		
6. 2011	X X X	X X X	X X X	X X X	

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 3
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	1,176	1,284	1,249	X X X	X X X
2. 2008	X X X	1,336	1,252	1,222	X X X
3. 2009	X X X	X X X	1,293	1,222	1,186
4. 2010	X X X	X X X	X X X	1,198	1,178
5. 2011	X X X	X X X	X X X	X X X	1,165

Section B - Other Accident and Health

1. 2007	8	6	3	X X X	X X X
2. 2008	X X X	13	4	4	X X X
3. 2009	X X X	X X X	9	7	6
4. 2010	X X X	X X X	X X X	83	25
5. 2011	X X X	X X X	X X X	X X X	834

Section C - Credit Accident and Health

1. 2007				X X X	X X X
2. 2008	X X X				X X X
3. 2009	X X X	X X X			
4. 2010	X X X	X X X	X X X		
5. 2011	X X X	X X X	X X X	X X X	

NONE

SCHEDULE O SUPPLEMENT (continued)
SUPPLEMENTAL SCHEDULE O - PART 4
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	1,176	1,284	1,249		
2. 2008	X X X	1,336	1,252	1,222	
3. 2009	X X X	X X X	1,293	1,222	1,186
4. 2010	X X X	X X X	X X X	1,198	1,178
5. 2011	X X X	X X X	X X X	X X X	1,164

Section B - Other Accident and Health

1. 2007	8	6	3		
2. 2008	X X X	13	4	4	
3. 2009	X X X	X X X	9	7	6
4. 2010	X X X	X X X	X X X	83	25
5. 2011	X X X	X X X	X X X	X X X	834

Section C - Credit Accident and Health

1. 2007					
2. 2008	X X X				
3. 2009	X X X	X X X			
4. 2010	X X X	X X X	X X X		
5. 2011	X X X	X X X	X X X	X X X	

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)
Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life		4,808
3. Individual annuity		173
4. Supplementary contracts		287
5. Credit life		
6. Group life		892
7. Group annuities		992
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health		138
11. Total		7,290

OVERFLOW PAGE FOR WRITE-INS

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